



LANCASTER COUNTY WATER & SEWER DISTRICT

AT-WILL EMPLOYMENT APPLICATION

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY LCWSD, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS LCWSD IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH LCWSD AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF LCWSD. This employment application is considered active for 180 days unless LCWSD indicates otherwise in writing to your last known address.

I. Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

▪ If hired, can you provide proof that you are legally able to work in the United States? Yes___ No___

▪ How were you referred to us?

Advertisement ___ Referral ___ Employment Agency ___ Walk-In ___ Website___ Other ___

▪ Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:*

Yes___ No___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

▪ In order to comply with our Nepotism Policy, list any relatives employed by Lancaster County Water & Sewer District:

▪ Have you ever worked for LCWSD? Yes___ No___ If so, when? _____

II. Employment

- Position Desired: _____
- Salary Desired: _____
- What days and hours are you available for work?

- Are you available to work overtime if necessary? Yes___ No___
- Are you at least 18 years of age? Yes___ No___
- When are you available to begin work? _____
- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*
Yes___ No___

III. Skills

- Are you able to operate a personal computer? Yes___ No___

If yes, what types of computer software do you have proficiency in?

List any other office machines you can operate:

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

- High School

Name & City of School: _____

Number of Years Completed: _____

Did you graduate? Yes___ No___

▪ College, University, or Trade School

Name & City of School: _____

Number of Years Completed: _____

Did you graduate? Yes___ No___

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

V. Employment History

Please account for all employment within the last 5 years, beginning with your current or most recent employer.

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___

May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___

May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___

May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

VI. Military Service

- Have you obtained any special skills or abilities as the result of services in the military?
Yes___ No___

If yes, please describe:

VII. Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: _____
- Address: _____
- Telephone Number: (____) _____

- Name of Reference #2: _____
- Address: _____
- Telephone Number: (____) _____

APPLICANT'S STATEMENT

(Initial each numbered item, indicating you have read and agreed to the statement(s))

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by LCWSD or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of LCWSD, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release LCWSD, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that LCWSD is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening as required by LCWSD's policy. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire.
4. _____ I understand that LCWSD may seek to obtain a consumer report and/or investigative report that will include personal information regarding myself, including but not limited to educational history, work references, driving records, financial records including credit reports and criminal convictions or arrest records in order to assist LCWSD in completing a thorough background investigation. I further acknowledge that reports may be provided to LCWSD by other firms subcontracted for that purpose.
5. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
6. _____ I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY LCWSD, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS LCWSD IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH LCWSD AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF LCWSD..
7. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____