

# RURAL WATER DISTRICT NO.1

Murray County

P.O. Box 235 Sulphur OK, 73030

580/622-2093

"This facility is an equal opportunity provider and employer."

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Drive's License: \_\_\_\_\_  
License number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Operator: \_\_\_\_\_  
Have you had any accidents during the past three year? CDL: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Have you had any moving violation during the past three years? Chauffeur: \_\_\_\_\_  
How many? How many?

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_  
Days/hours available to work: No Pref \_\_\_\_\_ Mon. \_\_\_\_\_ Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you be on call? \_\_\_\_\_

Employment desired \_\_\_\_\_ Full-Time only \_\_\_\_\_ Part-Time only \_\_\_\_\_ Full-OR- Part Time

When available for work? \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_



Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:

An application form sometimes makes it difficult for an individual to adequately a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:

Date:

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**CONSENT TO CONDUCT A BACKGROUND  
INVESTIGATION AND RELEASE**

**RURAL WATER DISTRICT #1, MURRAY COUNTY**

I, \_\_\_\_\_ (applicant's name) have applied for employment with Rural Water District #1, Murray County to work as a \_\_\_\_\_ (job title). I understand that in order for the District to determine eligibility, qualifications and suitability of employment, this employment, this investigation may include asking my current and any former employer about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give consent for any employer to release any information requested in connection with this background investigation.

I waive \_\_\_\_\_ do not waive \_\_\_\_\_ (initial only one) my right to see any written or other information provided to the District by any institution.

I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer and any officer or employee or either, that furnishes written or oral references to this District to complete its background investigation.

A photocopy or fax copy of this form shows my signature shall be as valid.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant



## CONSENT TO DRUG AND/OR ALCOHOL TESTING

I have read and I understand my employer's policy regarding substance abuse. I understand that it is the practice of my employer to conduct drug and alcohol tests for the purpose of carrying out this policy.

I understand that I cannot be compelled to take a drug or alcohol test. I further understand that if I refuse to consent to such a test, when requested by my employer, my employment may be immediately terminated. I understand that if such a test reveals an unexplained presence of a drug and/or alcohol, my employer may take disciplinary action against me, up to and including termination of my employment. I further understand that, if I fail to respond to a Medical Review Officer within three days of the initial contact, disciplinary action may be taken against me, up to and including termination of my employment.

I authorize the officers, employees and agents of my employer to communicate among themselves for official purposes my drug and/or alcohol test results both orally and in writing, and to communicate such test results at any judicial or administrative proceeding. I also authorize my employer and its officers and agents to have continued access to my biological specimens for the purpose of any further analysis or study that may be necessary.

(check one of the boxes below)

☐ I hereby consent to my employer (through its authorized agents) collecting blood, urine, saliva or breath samples from me to conduct testing to detect the presence of drugs, alcohol or other controlled substances. I hereby release my employer, its officers, agents and employees from any and all claims or liability arising out of or relating to such testing or the enforcement of its substance abuse policy.

☐ I refuse to consent to such testing.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Home Telephone #

Rural Water District #1, Murray County  
Name of Employer

**NOTICE:** After the employee has signed this form, please place copy in the employee's local personnel file.