

Livingston County Water & Sewer Authority APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all sections of this application form fully. Print or type all responses clearly. If more space is needed than is provided on this form, attach additional sheets. Place your name on the bottom of each page.

SUBMIT THE COMPLETED APPLICATION:

(In Person/By Mail) LCWSA, 1997 D'Angelo Drive, PO Box 396, Lakeville, New York 14480. or

(Via Email) Attn: Jason Molino apply@lcwsa.us

If you have questions regarding the application, call (585) 346-3523.

1. Position Title

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I am applying for:	☐ An open position with Livingston County Water & Sewer Authority
The title of the position is:	
2. My Personal Information	
Complete all parts of this section.	T
My name is:	
My current mailing address is:	
I currently live at (i.e. my physical address	☐ The same as my mailing address.
is):	□Different from my mailing address. My physical address
	is:
My physical address is my permanent residence.	□True.
residence.	□ False. My permanent residence physical address is:
My name and address is leasted within	State:
My permanent address is located within (complete all categories that apply):	
(complete an categories that apply).	County: Town:
	Town: Village:
	School District:
My e-mail address is:	Denoti District.
[Providing this address is optional. If you	
provide your e-mail address, it may be used for	
communications with you.]	
My phone number is:	
	1

Applicant's	s Name	

3. My Right to Work in the United States Complete all parts of this section. I have the legal right to accept \square True. employment within the United States. □False. I am at least 18 years of age. \square True. ☐ False. I have working papers that allow me to do the type of work for which I have applied. \Box True. \Box False. 4. **My Background Information** Complete all parts of this section. I have: ☐ True. Submit a completed Employment Discharge form Been discharged from employment for with your application for *each* of your terminations that reasons other than lack of work; fall within any of these categories. Contact LCWSA for • Resigned from employment in lieu of this form. termination; AND/OR \square False. Been dishonorably discharged from the U.S. Armed Forces. I have been convicted of one or more ☐ True. Submit a completed Sworn Statement form with misdemeanor and/or felony crimes. your application for each conviction. Contact LCWSA for this form. \square False. 5. **My License Information** Complete all sections. I have a valid New York State driver's license. My license has no restrictions that would affect my ability to work. \square True. □ False. The restrictions on my license are: \square False. I have a valid driver's license from another state within the U.S. ☐ True. My license is from the state of: _____ \square False. I have a valid New York State \square True. commercial driver's license. The class of my license is: I have endorsements \Box True. My endorsements are: \square False. My license has no restrictions that would affect my ability to work. \square True.

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 \Box False. The restrictions on my license are:

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		□False.
I have one or more New State professional license and/or certifications (not including a commercial license). (If you have more than or York State professional and/or certifications pleading page 13 for the others.)	es t driver's one New licenses	□ True. For each professional license/certification, provide the following: The type of license/certification: License/certification number: Date license/certification first issued: Date current license/certification expires: Whether the license/certification is currently in good standing with no restrictions? □ Yes. □ No. If there are any restrictions on the license, explain those restrictions and how they affect your ability to work in the title for which you are applying:
		□False.
I have one or more curre valid professional license and/or certifications issu state within the U.S. othen New York. (If you have more than occurrently valid profession licenses and/or certificate please use page 13 for the others.)	es led by a ler than one nal ions	□True. For each professional license/certification, provide the following: The type of license: The state that issued the license: □False.
6. My Education Complete this table ful	_	
I have participated in the following type(s) of education. (Check every category that applies.)	□High s □Trade □Under □Gradu □Other □I have	school. Complete the "a" section below. School or Program. Complete the "b" section below. graduate Degree Program. Complete the "c" section below. ate Degree Program. Complete the "d" section below. schools or special courses. Complete the "e" section below. college credit hours meeting the minimum qualifications of the title for am submitting this application. Complete the "f" section below.
For each of the types of a. High school	f educatio	on you checked above, complete the corresponding section(s) below.
I have a high school dipl high school equivalency		☐True. My diploma was issued by:
diploma.		□False.

b. Trade school or program	
I participated in an official trade school and/or trade program.	☐True. The school or program was:
	□False.
The trade for which I received training was:	
I successfully completed the program.	□True.
, 1 1 5	□False.
The trade for which I received training is a skilled building and/or construction trade.	☐True. My training and/or experience places me at the
skined building and/or construction trade.	following skilled trade level:
	□ Apprentice.
	□Journeyman.
	☐Master.
	☐Other. Please specify:
	□False.
c. Undergraduate degree program (for	Associate's and/or Bachelor's degrees)
The name(s) of the college(s)/university(ies) I	
attended was/were:	
My major(s) was/were:	□ A
The degree I received was:	☐ Associate's degree in:
	□Bachelor's degree in:
	☐I did not receive a degree.
My degree is:	□ A degree named in the minimum qualifications for this title. □ Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) □ I do not have a degree. □ None of the above apply.
Date degree expected.	
d. Graduate degree program (for advan	ced degrees, i.e. beyond Bachelor's degrees)
The name(s) of the college(s)/university(ies) I attended was/were:	
My major(s) was/were:	
The degree I received was:	☐Master's degree in:
	☐Doctorate degree in:
	☐I did not receive a degree.
My degree is:	□ A degree named in the minimum qualifications for this title. □ Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) □ I do not have a degree. □ None of the choice apply.
	\square None of the above apply.
Applicant's Name:	4

e. Other schools or			
School or program #1	The name of the school was:		
	The subject of study was:		
	The degree or certification I rece	eived was:	
School or program #2	The name of the school was:		
	The subject of study was:		
~	The degree or certification I rece	eived was:	
School or program #3	The name of the school was:		
	The subject of study was:		
	The degree or certification I rece	eived was:	
number of cre You are claim minimum qua	ing minimum qualifications (if the edit hours in a field of study), Ol ing your degree is a closely rela	R ted degree to the degrees s	-
Name of course	Area of study	Credit hours earned	Grade for class
-			
primary job.)	erience e more than one current job, enter	data here for the job you co	nsider to be your
I am currently working.	☐True.		
	☐False. Proceed to the	e next table.	
My current job is paid.	□True.		
	- 1		
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	☐ False. Complete the remainder of this table with "employer"	
	meaning the person for whom you do work. I work as a/an:	
	□Volunteer.	
	□ Intern.	
	☐ Other unpaid worker. The type of work is:	
My current employer is:	Employer name:	
My employer's address is:	Town/City:	
	State:	
My job title is:		
I began working in this title in:	Month Year	
My primary job duties are:	1	
(If you need more space, please	2	
use page 13)	3	
	4	
	5.	
Other job duties I perform regularly are:		
My average hours of work per		
week are (<i>not</i> including		
overtime):		
OPTIONAL . This is additional		
information I would like to		
provide about this work		
experience.		
Current or prior relevant jobs.		
I have had prior employment or oth	er current	
employment not described above th		
relevant to the title for which I am a		
	on this application.	
	 You do not need to repeat the current job you 	
	described above.	
	 "Employer" as used below means any person for 	
	whom you worked, even if not paid.	
	□ False. Proceed to section 9.	

Relevant Job #1

• Note: If you had more than one job with the same employer, each job should be listed as a separate job.

My employer is/was:	
My employer's address is:	Town/City: State:
My job title is/was:	Succe.
I began working in this title in:	Month Year
My work ended:	☐My work ended in: Month Year
,	My work ended because:
	☐ I resigned or retired.
	☐ I resigned/retired to avoid being fired.
	☐ I did <u>not</u> resign/retire to avoid being fired.
	☐ I was fired.
	☐ I was laid off due to lack of work.
36	☐ This employment has not ended.
My primary job duties are:	1
(If you need more space, please	2
use page 13)	3
	4 5.
Other job duties I perform	J.
regularly are:	
My average hours of work per	
week are (<i>not</i> including	
overtime):	
This work is:	□Paid.
	□Unpaid volunteer.
	□Unpaid intern.
	☐Other unpaid work. The type of work is:
OPTIONAL . This is additional	
information I would like to	
provide about this work	
experience.	
I have had other relevant job	☐True. Continue below.
experience I would like to	☐ False. Proceed to section 9.
describe.	in alse. I folded to section 9.

Applicant's Name:	
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Relevant Job #2

My employer is/was:	
My employer's address is:	Town/City:
	State:
My job title is/was:	
I began working in this title in:	Month Year
My work ended:	☐ My work ended in: Month Year
	My work ended because:
	☐I resigned or retired.
	☐I resigned/retired to avoid being fired.
	\Box I did <u>not</u> resign/retire to avoid being fired.
	□I was fired.
	\Box I was laid off due to lack of work.
	☐This employment has not ended.
My primary job duties are:	1
(If you need more space, please	2
use page 13)	3
	4
	5.
Other job duties I perform	
regularly are: My average hours of work per	
week are (<i>not</i> including	
overtime):	
This work is:	□Paid.
	☐Unpaid volunteer.
	☐ Unpaid intern.
	Other unpaid work. The type of work is:
	Other dispard work. The type of work is.
OPTIONAL. This is additional information I would like to provide about this work experience.	
I have had other relevant job	☐True. Continue below.
experience I would like to	☐False. Proceed to section 9.
describe.	

Relevant Job #3

My employer is/was:	
My employer's address is:	Town/City:
	State:
My job title is/was:	
I began working in this title in:	Month Year
My work ended:	☐My work ended in: Month Year
	My work ended because:
	\Box I resigned or retired.
	☐I resigned/retired to avoid being fired.
	☐I did <i>not</i> resign/retire to avoid being fired.
	□I was fired.
	\Box I was laid off due to lack of work.
	☐ This employment has not ended.
My primary job duties are:	1
(If you need more space, please	2.
use page 13)	3
	4
	5.
Other job duties I perform	
regularly are:	
My average hours of work per week are (<i>not</i> including	
overtime):	
This work is:	□Paid.
11110 (10111 101	☐ Unpaid volunteer.
	☐ Unpaid intern.
	☐ Other unpaid work. The type of work is:
	Doniel dispaid work. The type of work is.
OPTIONAL . This is additional	
information I would like to	
provide about this work	
experience.	
I have had other relevant job	☐True. Obtain additional work experience pages from
experience I would like to	LCWSA and attach them to your application.
describe.	□ False. Proceed to section 9.

8. Equal Employment Opportunity statement

New York and Federal law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, sexual orientation, non-disqualifying disability, marital status, religion, genetic information, gender identity, and gender orientation. Accordingly, nothing in this application should be viewed as expressing any limitation, specification, or discrimination as to these protected classifications or any others, in connection with employment by Livingston County Water & Sewer Authority.

9. Affirmation, Signature, and Date

I affirm that the statements made in this application, including any attached/included documents (in any format including, but not limited to, electronic and paper), are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.

My signature: (Signature must be hand written. It may not be typed.)			
Date:			
Do not mark in this area. Reserved for use by LCWSA. Date Received:			
By:			