



**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

I am applying for:	<input type="checkbox"/> 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.

My name is:	
My current mailing address is:	
I currently live at (i.e. my physical address is):	<input type="checkbox"/> The same as my mailing address. <input type="checkbox"/> Different from my mailing address. My physical address is:
My physical address is my permanent residence.	<input type="checkbox"/> True. <input type="checkbox"/> False. My permanent residence physical address is:
My permanent address is located within (complete all categories that apply):	State: _____ County: _____ Town: _____ Village: _____ School District: _____
My e-mail address is: [Providing this address is optional. If you provide your e-mail address, it may be used for communications with you.]	
My phone number is:	

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3. My Right to Work in the United States

Complete all parts of this section.

I have the legal right to accept employment within the United States.	<input type="checkbox"/> True. <input type="checkbox"/> False.
I am at least 18 years of age.	<input type="checkbox"/> True. <input type="checkbox"/> False. I have working papers that allow me to do the type of work for which I have applied. <input type="checkbox"/> True. <input type="checkbox"/> False.

4. My Background Information

Complete all parts of this section.

I have : <ul style="list-style-type: none"> ▪ Been discharged from employment for reasons other than lack of work; ▪ Resigned from employment in lieu of termination; AND/OR ▪ Been <i>dishonorably</i> discharged from the U.S. Armed Forces. 	<input type="checkbox"/> True. Submit a completed Employment Discharge form with your application for <i>each</i> of your terminations that fall within any of these categories. Contact LCWSA for this form. <input type="checkbox"/> False.
I have been convicted of one or more misdemeanor and/or felony crimes.	<input type="checkbox"/> True. Submit a completed Sworn Statement form with your application for <i>each</i> conviction. Contact LCWSA for this form. <input type="checkbox"/> False.

5. My License Information

Complete all sections.

I have a valid New York State driver's license.	<input type="checkbox"/> True. My license has no restrictions that would affect my ability to work. <input type="checkbox"/> True. <input type="checkbox"/> False. The restrictions on my license are: _____ <input type="checkbox"/> False. I have a valid driver's license from another state within the U.S. <input type="checkbox"/> True. My license is from the state of: _____ <input type="checkbox"/> False.
I have a valid New York State commercial driver's license.	<input type="checkbox"/> True. The class of my license is: _____ I have endorsements <input type="checkbox"/> True. My endorsements are: _____ <input type="checkbox"/> False. My license has no restrictions that would affect my ability to work. <input type="checkbox"/> True. <input type="checkbox"/> False. The restrictions on my license are:

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	<input type="checkbox"/> False. _____
<p>I have one or more New York State professional licenses and/or certifications (not including a commercial driver's license).</p> <p>(If you have more than one New York State professional licenses and/or certifications please use page 13 for the others.)</p>	<input type="checkbox"/> 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? <input type="checkbox"/> Yes. <input type="checkbox"/> 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: _____ _____ <input type="checkbox"/> False.
<p>I have one or more currently valid professional licenses and/or certifications issued by a state within the U.S. <i>other than</i> New York.</p> <p>(If you have more than one currently valid professional licenses and/or certifications please use page 13 for the others.)</p>	<input type="checkbox"/> True. For each professional license/certification, provide the following: The type of license: _____ The state that issued the license: _____ <input type="checkbox"/> False.

6. My Education

Complete this table fully.

<p>I have participated in the following type(s) of education. (Check every category that applies.)</p>	<input type="checkbox"/> High school. Complete the "a" section below. <input type="checkbox"/> Trade School or Program. Complete the "b" section below. <input type="checkbox"/> Undergraduate Degree Program. Complete the "c" section below. <input type="checkbox"/> Graduate Degree Program. Complete the "d" section below. <input type="checkbox"/> Other schools or special courses. Complete the "e" section below. <input type="checkbox"/> I have college credit hours meeting the minimum qualifications of the title for which I am submitting this application. Complete the "f" section below.
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For each of the types of education you checked above, complete the corresponding section(s) below.

a. High school

<p>I have a high school diploma or high school equivalency diploma.</p>	<input type="checkbox"/> True. My diploma was issued by: _____ _____ <input type="checkbox"/> False.
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b. Trade school or program

I participated in an official trade school and/or trade program.	<input type="checkbox"/> True. The school or program was: _____ _____ <input type="checkbox"/> False.
The trade for which I received training was:	
I successfully completed the program.	<input type="checkbox"/> True. <input type="checkbox"/> False.
The trade for which I received training is a skilled building and/or construction trade.	<input type="checkbox"/> True. My training and/or experience places me at the following skilled trade level: <input type="checkbox"/> Apprentice. <input type="checkbox"/> Journeyman. <input type="checkbox"/> Master. <input type="checkbox"/> Other. Please specify: _____ <input type="checkbox"/> 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:	
The degree I received was:	<input type="checkbox"/> Associate's degree in: _____ <input type="checkbox"/> Bachelor's degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.
Date degree expected.	

d. Graduate degree program (for advanced 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:	<input type="checkbox"/> Master's degree in: _____ <input type="checkbox"/> Doctorate degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.

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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:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <i>not</i> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 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:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<i>OPTIONAL.</i> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

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:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <i>not</i> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 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:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<i>OPTIONAL.</i> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

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:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <i>not</i> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 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:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<i>OPTIONAL.</i> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Obtain additional work experience pages from LCWSA and attach them to your application. <input type="checkbox"/> 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: <i><u>(Signature must be hand written.</u></i> <i><u>It may not be typed.)</u></i>	
Date:	

Do not mark in this area. Reserved for use by LCWSA.

Date Received: _____

By: _____
