## SEWERAGE and WATER BOARD OF NEW ORLEANS

## **APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, national origin, gender, religion, age, disability status, marital status, sexual orientation, or any other legally protected status. This form must be accurately completed with applicant's signature and date in order to be considered. All employees of the Sewerage and Water Board of New Orleans are employed in accordance with the Rules of the Department of City Civil Service.

				(Please Print)			
Positi	on Appl	ied For					
PERS	SONAL I	DATA					
Last Name				First Name		Middle Name	
Address				City	State	Zip Code	
Telephone Number				Email Address	Date of Application		
Are you:							
0	Yes	0	No	A previous applicant with the Sewerage and Water	er Board?		
				If yes, give date			
0	Yes	0	No	A previous employee of the Sewerage and Water	Board?		
				If yes, give dates			
$\bigcirc$	Yes	$\circ$	No	Currently employed?			
$\bigcirc$	Yes	0	No	May we contact your current employer?			
0	Yes	0	No	Have you been convicted of a felony?			
				If yes, please explain			
0	Yes	0	No	Are you related, by birth or by marriage to any current Sewerage and Water Board Employee or to any member of the Board of Directors of the Sewerage and Water Board? (Husband, Wife, Mother, Father, Aunt, Uncle, Sister, Brother, Son, Daughter, Niece or Nephew) If yes, please list their names and relationship:			

## **EDUCATION/TRAINING**

-Please Complete All Appropriate Items-

	Name and Location	Course of Study	# of Years Completed	Diploma or Degree?
High School				Yes No
Business or Technical School				Yes No
College				Yes No
Graduate / Professional				Yes No
	specialized training, other special skill or other experience.	ls, or additional qualifications	s acquired from p	previous
List any speci	al licenses, certifications, etc. which y	ou hold.		
.)(				
	ss a currently valid Louisiana driver's class and expiration date:	License? Yes	○ No	

## **EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. Attach additional sheets if necessary. Please be specific and complete.

Employer		Address		Telephone Number		
Start Date Leave D		Pate Salary			Reason for Leaving	
Job Title			Supervisor and Title			
Describe Job Duties:						
May we contact this compa	ny?					
Employer		Address		Telephone Number		
Start Date Leave D		ate	Salary		Reason for Leaving	
Job Title			Supervisor and Title			
Describe Job Duties:						
May we contact this compa	ny?					
Employer		Address		Telephone Number		
Start Date	Leave D	ate	Salary		Reason for Leaving	
Job Title		Supervisor and Title				
Describe Job Duties:						
May we contact this compa	ny?					

I understand that the Sewerage and Water Board of New Orleans may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer (if so noted) to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that it is the policy of the Sewerage and Water Board of New Orleans that the use, sale, possession, trade, or transfer of illegal drugs, the improper use of legal drugs, or possession, and/or consumption of alcoholic beverages on Board property or during the course of an employee's time of employment is strictly prohibited. Violations of this policy shall result in disciplinary action being taken against such an employee. Disciplinary action may take the form of reprimand, suspension, demotion, and/or dismissal from employment with the Sewerage and Water Board.

I also understand that all applicants for employment with, and employees of, the Sewerage and Water Board of New Orleans are subject to all Sewerage and Water Board policies, Department of City Civil Service Rules, and the appropriate local, state, and federal regulations, with regard to Substance (Drug) and Alcohol Abuse Testing.

I further understand that I am required to participate in Substance (Drug) and Alcohol and Testing which may include, but not necessarily be limited to, Pre-employment, Post-employment, Working Test (Probationary Period), Promotional Exam, Periodic, Reasonable Suspicion, On-the-job Accident, On-the-job Injury, on-the-job Near-miss Incident, and Post-Treatment (Rehabilitation) Testing.

I also understand that if I am injured in any way while on the job, I must submit to a Substance (Drug) and Alcohol Test before being eligible for Workers' Compensation benefits. I further understand that a confirmed positive test result or refusal to submit to testing may result in denial of all Workers' Compensation benefits.

I hereby certify that the information provided by me in this Application for Employment is true, correct and complete, to the best of my knowledge. I understand that any misrepresentation or falsification may be considered cause for 1) disqualification from consideration for employment; or, 2) if employed, dismissal from same. I understand that I must be certified to be eligible for employment in accordance with the Medical Standards, and the Rules and Regulations, of the Department of City Civil Service in order to be employed.

Applicant's Signature	Date

"In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire."

If an offer of employment is accepted all new employees domiciled outside of Orleans Parish at the time of employment must establish an actual domicile in Orleans Parish within 180 calendar days of the employment date. Failure to comply with domicile requirement will result in termination of employment.