



**RURAL WATER DISTRICT NO. 6, GARVIN COUNTY**

P.O. BOX 636 WYNNEWOOD, OK. 73098  
PHONE (405) 665-4436 FAX (405) 665-4130

**Application for Employment  
Equal Opportunity Employment**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_  
Home Cell

Position for which you are applying \_\_\_\_\_ Anticipated Salary \_\_\_\_\_

Available Start Date \_\_\_\_\_

Are you presently employed? Yes / No

Do you have authorization to work in the U.S? Yes / No

Are you at least 18 years of age? Yes / No  
If not, please state your age. \_\_\_\_\_

Have you been employed by this company previously? Yes / No

Do you have a valid driver's license? Yes / No  
(copy of driver's license & social security card required)

Are you willing to take a Pre-Employment drug test? Yes / No  
(If hired random drug screening is required.)

List any reason why you would not be able to perform the various functions of the job you are seeking?  
(You must be able to perform hard physical labor and lift at least 50#. Job may require climbing.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to abide by all safety rules and procedures that are currently in place or may be put in place in the future? Yes / No

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

Please list all education, training, safety training, certifications, and skills that would help you to qualify for the position in which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work History – Please start with most recent position**

1. Company Name	_____
Company Address	_____
	Street City State
Company Phone Number	_____
Dates Employed	From:_____ To:_____
Supervisor	_____
Position Held	_____
Rate of Pay	_____
Reason for Leaving	_____
	_____
	_____
	_____
2. Company Name	_____
Company Address	_____
	Street City State
Company Phone Number	_____
Dates Employed	From:_____ To:_____
Supervisor	_____
Position Held	_____
Rate of Pay	_____
Reason for Leaving	_____
	_____
	_____
	_____
3. Company Name	_____
Company Address	_____
	Street City State
Company Phone Number	_____
Dates Employed	From:_____ To:_____
Supervisor	_____
Position Held	_____
Rate of Pay	_____
Reason for Leaving	_____
	_____
	_____
	_____

**References**

	Name	Phone Number	Relationship
Reference 1	_____	_____	_____
Reference 2	_____	_____	_____
Reference 3	_____	_____	_____

I understand that and agree that: Any material misrepresentation or deliberate omission of a fact may result in the refusal of employment or, if employed, the immediate termination of employment. I understand that my work history will be examined and that all information provided may be verified. I authorize such investigation and the giving and receiving of any information requested by Rural Water District No. 6, Garvin County and I release from liability any person giving or receiving such information. I understand that drug-screening test may be required upon my employment. I agree that my employment is at will and may be terminated at any time by Rural Water District No. 6, Garvin County or myself without notice or cause and without liability for wages or salary except such that have been earned at the date of such termination. I understand that if I am employed, such employment is for no definite period of time and that Rural Water District No. 6, Garvin County has the right to change wages, benefits and conditions at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_