

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)

Position Applied For: _____

PERSONAL DATA

Last Name		First Name		Middle Name			
Address		City		State		Zip Code	
Contact Number				Alternate Contact Number			
Email Address				Date of Application			

Are you:

- Yes No A previous applicant with the Sewerage and Water Board?
If yes, give date _____
- Yes No A previous employee of the Sewerage and Water Board?
If yes, give dates _____
- Yes No Currently employed?
- Yes No May we contact your present employer?
- Yes 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:**

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 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 and/or Testing.

I 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 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 understand that this position is subject to a background check for any convictions related to its responsibilities and requirements. Employment is contingent upon successful completion of a background investigation including criminal history. Criminal history will not automatically disqualify a candidate

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 I-9) 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 the domicile requirement will result in termination of employment.

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RETURN APPLICATION TO: SEWERAGE and WATER BOARD of NEW ORLEANS
HUMAN RESOURCES OFFICE
625 ST JOSPEH STREET, ROOM 101
NEW ORLEANS LA 70165

EDUCATION/TRAINING

-Please Complete All Appropriate Items-

	Name and Location	Course of Study	Number of Years Completed	Diploma or Degree?
High School				<input type="radio"/> Yes <input type="radio"/> No
Business or Technical School				<input type="radio"/> Yes <input type="radio"/> No
College				<input type="radio"/> Yes <input type="radio"/> No
Graduate / Professional				<input type="radio"/> Yes <input type="radio"/> No

Describe any specialized training, other special skills, or additional qualifications acquired from previous employment or other experience.

List any special licenses, certifications, etc. which you hold.

Do you possess a currently valid driver's License? Yes No

If Yes, specify :

Class _____ State Issued _____ Expiration Date _____

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 Date	Salary		Reason for Leaving	
Job Title		Supervisor and Title			
Describe Job Duties: _____ _____ _____					
May we contact this company? _____					
Employer		Address		Telephone Number	
Start Date	Leave Date	Salary		Reason for Leaving	
Job Title		Supervisor and Title			
Describe Job Duties: _____ _____ _____					
May we contact this company? _____					
Employer		Address		Telephone Number	
Start Date	Leave Date	Salary		Reason for Leaving	
Job Title		Supervisor and Title			
Describe Job Duties: _____ _____ _____					
May we contact this company? _____					