

**Lake Kiowa Special Utility District  
EMPLOYMENT APPLICATION**

***(Please Print) Please answer all questions.***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phones: Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

***(Information required for driver's license and insurance verification)***

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Are you related to any Board Member or Employee at LKSUD? ( ) Yes ( ) No

Position or type of employment desired: \_\_\_\_\_

Available for: ( ) Full Time ( ) Part Time ( ) Temporary

Date available: \_\_\_\_\_ Overtime?: ( ) Yes ( ) No

***Employment History (Add additional documents as needed.)***

**Employer:** \_\_\_\_\_ **Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Position held:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific equipment, machinery, computers operated:** \_\_\_\_\_

**Wage (upon leaving):** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Position held:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific equipment, machinery, computers operated: \_\_\_\_\_

Wage (upon leaving): \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

***Education***

**Name Location Degree/diploma / Did you graduate?**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Business/trade: \_\_\_\_\_

***Skills (Please list special skills and equipment you can operate.)*** \_\_\_\_\_

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

***Certification and Agreement (Read carefully and sign.)***

I certify that all information given on this application and accompanying documents is true and correct. My signature below authorizes LKSUD to verify my work history or references. My signature indicates my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or, if employed, may be grounds for my immediate dismissal. This application will be active for up to 30 days. I understand that neither this form nor statements by representatives of LKSUD constitutes an employment contract. I further understand that filling out this form does not indicate there is a position open and does not obligate LKSUD to hire. If hired, I agree to abide by all LKSUD work rules, policies and procedures. LKSUD retains the right to revise its policies or procedures, in whole or in part, at any time.

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