

**Lakeside County  
Water & Sewer District**  
253 Bierney Creek Rd.  
Lakeside, MT 59922  
(406) 844-3881

We welcome you as an applicant for employment. It is the policy of the LCWSD to consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, marital status, the presence of a non-job related medical condition or physical disability or any other legally protected status unless related to a bonafide occupational requirement. A separate application, resume and other supporting documentation must be submitted for each job vacancy as required by the job position. LATE, INCOMPLETE and/or UNSIGNED application material, including those which do not follow the instructions, will NOT be considered.

**Position Applied for:** \_\_\_\_\_ **Department:** \_\_\_\_\_

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

LAST	FIRST	MIDDLE INITIAL
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Present Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Have you worked for LCWSD before? ☐ Yes ☐ No

**If yes, please give dates and department:** Position: \_\_\_\_\_

Department: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have a relative working for LCWSD? ☐ Yes ☐ No

**If yes, what is their name?** \_\_\_\_\_

What Department do they work in? \_\_\_\_\_

Check highest grade completed ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

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

City \_\_\_\_\_ State \_\_\_\_\_

College/University: \_\_\_\_\_ Degree/Cert Earned: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Course of Study: \_\_\_\_\_

Vocational/Business/Other: \_\_\_\_\_ Degree/Cert Earned: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Course of Study: \_\_\_\_\_

Name: \_\_\_\_\_ Work Relation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Work Relation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Work Relation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SPECIAL SKILLS:** Please describe your skills with hand and power tools, office machines, calculators, copying machines, word processors, computers, computer software, typing and shorthand speed, and proficiency, special secretarial skills, or skills required for the position applied for (*attach separate page if needing more room*).

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<b>EMPLOYMENT HISTORY</b>
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**Title:** \_\_\_\_\_ **Dates employed:** From \_\_\_\_\_ To \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Salary:** Start \_\_\_\_\_ Current/End \_\_\_\_\_

**Describe work performed:**

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**Reason for Leaving:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Dates employed:** From \_\_\_\_\_ To \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Salary:** Start \_\_\_\_\_ Current/End \_\_\_\_\_

**Describe work performed:**

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**Reason for Leaving:** \_\_\_\_\_

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Title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Salary: Start \_\_\_\_\_ Current/End \_\_\_\_\_

Describe work performed:

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Reason for Leaving: \_\_\_\_\_

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**Additional work experience may be listed on a separate page or resume.**

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LIST ANY RELEVANT LICENSES AND/OR CERTIFICATIONS CURRENTLY HELD:

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## ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

I understand that, if employed by LCWSD, I will be required to provide proof of my identity and the legal right to work in the United States within three business days of the date employment begins, to verify my employability in compliance with Federal Law.

If offered employment with LCWSD, I understand that I must comply with all of the the policies, rules and procedures.

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**SIGNATURE OF APPLICANT**

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**DATE**