Quality On Tap!
Our Commitment Our Profession

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 CDL License? Yes / No
(copy of driver's license & social security card required) (required) Type_____

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 _____

Revised 8/17/2026