



IMPORTANT INFORMATION: IF YOU FAIL TO RESPOND TO THE QUESTIONS BELOW, THE BOARD OF WATER AND LIGHT WILL INTERPRET THE LACK OF RESPONSE AS "NOT APPLICABLE". PLEASE REFERENCE THE SECTION ENTITLED "YOUR AUTHORIZATION" FOR POTENTIAL CONSEQUENCES OF ANSWERING ANY OF THE QUESTIONS BELOW INCORRECTLY.

Board of Water and Light **EMPLOYMENT APPLICATION**

The Board of Water and Light is an Equal Opportunity Employer

WHERE TO FIND VACANCY INFORMATION:

On the Internet: <http://www.lbwl.com>

To download a BWL application, go to www.lbwl.com. Select "Employment Opportunities".

A BWL APPLICATION IS REQUIRED; resumes are encouraged but are not a substitute for the application.

If you have a disability, as defined by the Michigan Persons with Disabilities Civil Rights Act, and require assistance to complete this application, a reasonable accommodation may be provided.

Applications may be sent or faxed to:
 Board of Water and Light, Human Resources
 1232 Haco Drive, P.O. Box 13007, Lansing, Michigan 48901
 Fax Number: 1-517-702-6638

HOW DO WE CONTACT YOU?

Name:	Last	First	Middle Initial
Mailing Address:	Street Address	City and State	Zip Code
E-mail Address:			
Daytime Telephone Number:		Evening Telephone Number:	
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POSITION FOR WHICH YOU ARE APPLYING:

Position:		Are you currently a BWL employee?	YES	NO				
Date available to start:		Hours available to work:						
Will you relocate if job requires it?	YES	NO	Do you have transportation if job requires it?	YES	NO	Will you travel if job requires it?	YES	NO
Salary desired or range:								

PERSONAL INFORMATION

The BWL has a Nepotism Policy. Please list any relatives currently employed by the BWL.	Do you have United States Citizenship or authorization from the Immigration & Authorization Service to work in the U.S.?	YES	NO			
Have you ever been employed by the BWL?	YES	NO	If yes, last position:	Date started:	Date left:	
Do you have a valid MI Driver's License?	YES	NO	If no, explain:			
MI Driver's License Number:						
Is your driving privilege currently restricted, suspended, revoked, denied, or canceled in Michigan or any other state?				YES	NO	
Are you currently disqualified or suspended from operating commercial motor vehicles (CDL) in Michigan or any other state?				YES	NO	
Have you ever been convicted of a crime? (include all driving violations and all pleas of "no contest" and "guilty" to either felony and/or misdemeanor charges)	YES	NO	If yes, when, where and nature of offense:			
Are there any felony charges pending against you?	YES	NO	<i>Information provided will not be automatic disqualification for employment and each applicant will be evaluated on an individual basis.</i>			
In case of illness or accident notify:	Name:	Address:		Telephone Number:		

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EDUCATION									
HIGH SCHOOL:									
NAME/LOCATION OF SCHOOL:					DIPLOMA:		OTHER (Specify):		
					YES	NO			
YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:									
COLLEGE, UNIVERSITY, TRADE SCHOOL OR SPECIAL TRAINING: (TRANSCRIPTS ARE REQUIRED)									
NAME OF SCHOOL		LOCATION		CREDIT HOURS EARNED		COURSE OF STUDY		DEGREE OR CERTIFICATE RECEIVED	EXPECTED GRADUATION DATE
				QTR	SEM				
TRADE SCHOOL/SPECIAL TRAINING (INCLUDE MILITARY EXPERIENCE)									
TRADE SCHOOL/SPECIAL TRAINING (INCLUDE MILITARY EXPERIENCE)									
LICENSURE OR REGISTRATION									
EXAMPLES: CDL, PE, CPA, S-3, etc.									
LICENSURE OR REGISTRATION:		NUMBER		DATE RECEIVED		EXPIRATION DATE		STATE LICENSING AGENCY	
PERIODS OF EMPLOYMENT									
Describe your work experience in detail, beginning with your current or most recent job. If applicable, indicate number of employees supervised. Include job-related volunteer work. Use a separate block to describe each position. If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.									
ARE YOU CURRENTLY EMPLOYED?								YES	NO
1									
Name of Present or Last Employer:									
Address:						Phone No:		()	
Your Job Title:			Supervisor's Name:			Supervisor's Phone Number:			
FROM:	MONTH	DAY	YEAR	TO:	MONTH	DAY	YEAR	HOURS PER WEEK	YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities:									
Reason for Leaving:									

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2									
Name of Present or Previous Employer:									
Address:						Phone No:		()	
Your Job Title:			Supervisor's Name:				Supervisor's Phone Number:		
FROM:	MONTH	DAY	YEAR	TO:	MONTH	DAY	YEAR	HOURS PER WEEK	YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities:									
Reason for Leaving:									

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3									
Name of Present or Previous Employer:									
Address:						Phone No:		()	
Your Job Title:			Supervisor's Name:				Supervisor's Phone Number:		
FROM:	MONTH	DAY	YEAR	TO:	MONTH	DAY	YEAR	HOURS PER WEEK	YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities:									
Reason for Leaving:									
May we contact the employers listed?			YES	NO	If no, which one(s) can we contact?				

REFERENCES

Please list three individuals, not related to you, whom you have known for at least one year:						
	Name	Telephone		E-mail Address	Relationship	Years Acquainted
		Area Code	Number			
1						
2						
3						

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YOUR QUALIFICATIONS FOR THIS POSITION

Please review the "Job Specifications" section on the job posting of the position you are applying for. Below, please describe how you meet the qualifications for the position including: education, experience, certifications, special licenses, etc.

YOUR AUTHORIZATION

PLEASE READ AND COMPLETE THE FOLLOWING, AND SIGN AND DATE BELOW:

1. I affirm that the information provided on this application (and any attachment and accompanying resume and notes, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions (oral or written) may disqualify me from further consideration for employment, may be cause for rejection of this application, or removal of my name from eligibility lists. I understand that if employed, transferred, or promoted, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal.	AGREE	DISAGREE
2. I authorize the Board of Water and Light to inquire regarding references with past and present employers.	AGREE	DISAGREE
3. I authorize my past employer(s) to release any information requested concerning my employment with them.	AGREE	DISAGREE
4. I authorize the Board of Water and Light (BWL) to use its personnel or any investigative agency to investigate my employment record, education, criminal conviction record, driving record, financial record, and any other employment-related information. I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, educational institutions and any other person(s) contacted by the BWL representatives to provide the BWL with all records and information relevant to my employment application with the BWL. I release all parties who provide such records or information from all liabilities arising from such disclosure, and I waive any rights to notice of such disclosures.	AGREE	DISAGREE
5. I authorize the Board of Water and Light to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.	AGREE	DISAGREE
INTERNAL APPLICANTS ONLY	AGREE	DISAGREE
6. I understand that before I am transferred, the BWL may require me to undergo a physical examination, human performance evaluation, and/or drug/alcohol test, depending on the requirements of the job.	AGREE	DISAGREE
EXTERNAL APPLICANTS ONLY	AGREE	DISAGREE
7. I understand that before I am hired, the Board of Water and Light will require me to undergo a physical examination (after conditional job offer) and a drug and alcohol test. I may also be required to undergo a human performance evaluation (after conditional job offer), depending on the requirements of the job. I agree to take such an examination, evaluation and/or tests.	AGREE	DISAGREE

SIGNATURE	DATE