

EAST CEDAR CREEK FRESH WATER SUPPLY DISTRICT
P.O. BOX 309 MABANK, TX 75147 PHONE (903)887-7103 FAX (903)887-4299

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ DATE: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____ PHONE: _____
STREET CITY/STATE/ZIP NUMBER

PHYSICAL ADDRESS: _____ CELL: _____
STREET CITY/STATE/ZIP NUMBER

ARE YOU 18 YEARS OR OLDER? YES NO

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? YES NO
IF YES, MAY WE INQUIRE OF PRESENT EMPLOYER? YES NO

ARE YOU WILLING TO WORK HOURS OTHER THAN 8-5? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SUBJECTED TO A DEFERRED ADJUDICATION ON A FELONY CHARGE? YES NO

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED AT EAST CEDAR CREEK F.W.S.D. ? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)
Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive a GED? YES NO

Type of School	Name and Location of school	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
High School										
College										
Technical, Vocational, or Business Schools										

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC): _____
(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.)

Employer:	Immediate Supervisor Name:						
Address:							
City & State/Zip:	Starting Date			Leaving Date			Current/ Final Salary
Employer Phone:	Mo.	Day	Yr.	Mo.	Day	Yr.	
Position/Title:							\$
Summary of experience:							
Specific reason for leaving:							

Employer:	Immediate Supervisor Name:						
Address:							
City & State/Zip:	Starting Date			Leaving Date			Current/ Final Salary
Employer Phone:	Mo.	Day	Yr.	Mo.	Day	Yr.	
Position/Title:							\$
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Employer:	Immediate Supervisor Name:						
Address:							
City & State/Zip:	Starting Date			Leaving Date			Current/ Final Salary
Employer Phone:	Mo.	Day	Yr.	Mo.	Day	Yr.	
Position/Title:							\$
Summary of experience:							
Specific reason for leaving:							

Which of these jobs did you like the best and why?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____

DATE: _____

REMARKS: _____

SALARY/WAGE: _____

POSITION: _____

DATE REPORTING TO WORK: _____