

APPLICATION FOR EMPLOYMENT



WCTMWD

410 Hickory Street Abilene TX 79601

(325) 673-8254 phone (325) 673-8272 fax

Equal Opportunity and At Will Employer

West Central Texas Municipal Water District

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name: _____

Last

First

Middle Initial

Present Address: _____

Street

City

State

Zip

Permanent Address: _____

Street

City

State

Zip

Phone Number: _____ Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied with us before? Yes No When? _____

EDUCATION

	Name & Location of School:	Circle Last Year Completed	Did you graduate?	Subjects studied & degree received:
Grammar School		5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Other School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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EMPLOYMENT HISTORY

Month & Year	Name, City, State, & Phone Number of Employer:	Salary		Last Position Held:	Reason for Leaving:
		Start:	End:		
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES

Name	Address	Phone Number	How are you acquainted?	Years acquainted

GENERAL

Job related skills (typing, driver's license, etc):

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AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, regardless of when discovered.

I understand that any employment is conditioned on a background check. I authorize the District to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the District, any former employers, and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the District. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the District unless made in writing.

I understand that if the District hires me, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand that I cannot be hired if I cannot comply with these requirements.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the District and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the District the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the District's Drug and Alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the District to hire. If hired, I agree to abide by all District work rules, policies, and procedures. The District retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature

Date