



West Central Texas Municipal Water District

APPLICATION FOR EMPLOYMENT

Mailing Address: PO Box 2362, Abilene, TX 79604 Phone: 325.673.8254 Fax 325.673.8272
 Website: <https://www.wctmwd.org/> Email: human.resources@wctmwd.org

EMPLOYMENT DESIRED

Position Applied For: _____

Date you can start: _____ Salary Desired: _____

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

Have you ever applied or worked for the District before? Yes No If yes, when? _____

Have you read and do you understand the requirements for the job for which you have applied? Yes No

Can you perform each of the essential functions listed in the posting? Yes No

List any relatives currently working for the District: _____

How did you learn of this job opening? Newspaper Internet
 Employee Referral Name: _____ Other: Specify: _____

List any professional certifications or licenses: _____

EDUCATION

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



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EMPLOYMENT HISTORY

List all previous and current employment beginning with most recent. Include any military service. Indicate dates and reasons for any periods of unemployment. Fill out all information completely and accurately.

Employer:	Employed From / To (MM/YY)
Address:	Salary: Starting: \$ Ending: \$
City, State, Zip:	Your Title:
Phone Number:	Describe Duties, Responsibilities, and Accomplishments:
Type of Business:	
Supervisor' Name & Title:	
Reason for Leaving:	

Employer:	Employed From / To (MM/YY)
Address:	Salary: Starting: \$ Ending: \$
City, State, Zip:	Your Title:
Phone Number:	Describe Duties, Responsibilities, and Accomplishments:
Type of Business:	
Supervisor' Name & Title:	
Reason for Leaving:	

Employer:	Employed From / To (MM/YY)
Address:	Salary: Starting: \$ Ending: \$
City, State, Zip:	Your Title:
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Please list three professional references excluding relatives:

Name	Address -Street/City/State/Zip	Phone Number	How acquainted?

GENERAL

List any Job related skills (Machinery or Equipment Operations, Welding Skills, Computer Skills, Software, etc...)

SUMMARY

Describe any experiences, skills, qualifications, knowledge of computers and software programs, ability to operate specialized machinery or equipment, welding skills, or other information you feel may be helpful to us in considering your application.



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APPLICANT'S CERTIFICATION

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 conditional 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 I must be capable of performing the essential functions of the position for which I am applying effectively and safely with or without reasonable accommodations. I also understand that my employment may require certain skill criteria in order to perform the essential function of the job. If requested, I agree to take a skill test in order to qualify for the job for which I am applying.

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 as required by the position. 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 tests, and if I am hired a condition of my employment will be that I abide by the District's Drug and Alcohol Free Workplace 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



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Release of Information:

To Whom It May Concern:

I authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish to WCTMWD with any and all information in their possession regarding me in connection with an application for employment or during the period of employment with WCTMWD.

I understand and agree that a photocopy of this authorization will be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I further release any person or entity providing information to WCTMWD pursuant to this authorization from any and all liability arising therefrom.

I understand this authorization is to be part of the written employment application that I sign and a part of my personnel file in connection with my employment.

Printed Name

Social Security Number (for identification purposes only)

Signature

Date