

# APPLICATION FOR EMPLOYMENT

## SOMERVELL COUNTY WATER DISTRICT

### PERSONAL

Date \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip

State age if under 18 \_\_\_\_\_ Telephone No. \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work Full-Time \_\_\_ Part-Time \_\_\_ Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with Somervell County Water District? \_\_\_\_\_

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**JOB HISTORY Please list all previous employment, beginning with your last employer:**

**I**

Name and Address of Company and Type of Business	From	To	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.					
Telephone							

**II**

Name and Address of Company and Type of Business	From	To	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.					
Telephone							

**III**

Name and Address of Company and Type of Business	From	To	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.					
Telephone							

**IV**

Name and Address of Company and Type of Business	From	To	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.					
Telephone							

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
*Month Day Year Month Day Year*

List duties in the service including special training \_\_\_\_\_  
\_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_

If yes, what training did you take? \_\_\_\_\_

**Please answer the questions listed below:**

1. Are you related to anyone currently working for Somervell County Water District? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to No. 1 was YES, please list the person or persons to whom you are related and what relation you are to the employee:

Name	Relationship

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

**In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.**

\_\_\_\_\_  
*Signature of Applicant*

