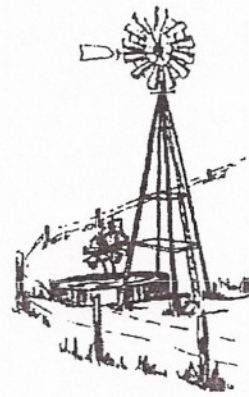


# S.S. WATER SUPPLY CORPORATION

## Application for Employment

PLEASE PRINT CLEARLY



Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First MI

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone w/ Area Code: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Have you or a member of your immediate family ever worked for this company under a different name? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, explain: \_\_\_\_\_

Type of employment you are seeking: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Position for which you are applying: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Answering "yes" to any of these questions **does not** disqualify you for employment consideration  
Are you available to work irregular hours? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have other obligations, personal or otherwise, that may interfere with a regular work day? \_\_\_\_\_ yes \_\_\_\_\_ no

If applying for a field position, are you willing to work outdoors in all weather conditions? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have any physical condition that may limit your ability to perform the job applied for? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have a current Texas driver's license? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you willing to take a pre-employment drug screen as a condition of employment? \_\_\_\_\_ yes \_\_\_\_\_ no

### EDUCATION AND TRAINING

	Name of School	Course of Study	Degree (yes or no)	Certificate (yes or no)
High School				
College				
Tech School				

Additional training/skills : \_\_\_\_\_

Heavy equipment you can operate: \_\_\_\_\_

Can you use a computer? \_\_\_ yes \_\_\_ no Software you have used: \_\_\_\_\_

\_\_\_\_\_ Typing WPM: \_\_\_\_\_

**EMPLOYMENT (List most current employer first)**

Are you currently employed? \_\_\_ yes \_\_\_ no If so, may we contact your employer? \_\_\_ yes \_\_\_ no

1. Name of Employer: \_\_\_\_\_ From (MM/YR) \_\_\_\_\_ To: (MM/YR) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ From (MM/YR) \_\_\_\_\_ To: (MM/YR) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ From (MM/YR) \_\_\_\_\_ To: (MM/YR) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



Please identify any additional skills, knowledge or experience you have that may be helpful in considering your application: \_\_\_\_\_

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**PROFESSIONAL EMPLOYMENT REFERENCES**

Please provide the names and phone numbers of three people other than family and personal friends who can specifically comment on your work performance.

NAME	COMPANY	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify by my signature hereon that the information I have provided on this application is true and correct. Misstatements or omissions of material facts may be cause for dismissal if employed.

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

**S.S. Water Supply Corporation is an equal opportunity company/employer.  
We do not discriminate on the basis of race, color, age, sex, religion,  
disability or national origin.**