

# CANADIAN RIVER MUNICIPAL WATER AUTHORITY

HEADQUARTERS: P.O. Box 9, SANFORD, TEXAS 79078  
 FIELD OFFICE: ROUTE 3, BOX 5, LUBBOCK, TEXAS 79401

## EMPLOYMENT APPLICATION

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal and State laws prohibiting employment discrimination on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or handicap, except where a reasonable, bona fide occupational qualification exists.

<u>PERSONAL</u>				
NAME	(Last)	(First)	(Middle)	Social Security Number
ADDRESS	(Street)	(City)	(State)	(Zip Code)
Home Phone	Message Phone			
( )	( )			
OTHER EMPLOYMENT-RELATED INFORMATION				
Check the following options which you would consider <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			List any relatives working for this organization	
If Minor, Age			Name	Department
ARE YOU ABLE TO PROVIDE PROOF OF IDENTITY AND ELIGIBILITY FOR EMPLOYMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you previously employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? (including pleas of "no contest") <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain _____		
Date(s): _____		A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.		

<u>EDUCATION &amp; TRAINING</u>				
	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed/Degree	4 5 6 7 8 9	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received: State any additional information you feel may be helpful to us in considering your application.				

## **EMPLOYMENT HISTORY**

(List previous employers beginning with most recent.)

Company Name _____	Telephone (    )
Address _____	Employment Dates (mm/yy) From                  To
Supervisor _____	Weekly Pay Start                  Last
Position _____	Reason for Leaving _____
Description of Work Performed _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name _____	Telephone (    )
Address _____	Employment Dates (mm/yy) From                  To
Supervisor _____	Weekly Pay Start                  Last
Position _____	Reason for Leaving _____
Description of Work Performed _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name _____	Telephone (    )
Address _____	Employment Dates (mm/yy) From                  To
Supervisor _____	Weekly Pay Start                  Last
Position _____	Reason for Leaving _____
Description of Work Performed _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name _____	Telephone (    )
Address _____	Employment Dates (mm/yy) From                  To
Supervisor _____	Weekly Pay Start                  Last
Position _____	Reason for Leaving _____
Description of Work Performed _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**MILITARY**

(Complete this section if you served in the U.S. Armed Forces)

Describe your duties and any special training.	Branch of Service:
	Period of Active Duty (mm/yy) From                      To
	Rank at Discharge
	Date of Final Discharge _____

**VEHICLE DRIVERS**

What type of Driver's License do you have? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Operator <input type="checkbox"/> Chauffer	License Number	Expiration Date	Issuing State
Any restrictions on license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain _____		
List any moving violation within the past 5 years _____			
Will you abide by the safety rules of this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If injured, will you accept the medical facilities recommended by your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**MISCELLANEOUS INFORMATION**

Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, with what employers _____	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes; (mm/yy)                      Location:		Pay Expected	
Position Desired		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No      If not, what hours can you work?		When will you be available to begin work?	
Please list your Membership in any Professional or Civic Organization (Optional)			

## COMMENTS

(List any comments or qualifying statements you care to make)

## REFERENCES

List persons who are not related to you who have knowledge of your qualifications and fitness for the position you are applying for. Do not include employers or supervisors listed in the employment section of this application.

	Name	Title	Business	Phone	Years Known
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## APPLICANT CERTIFICATION AND AUTHORIZATION

I authorize the Canadian River Municipal Water Authority to use the information and statements contained in this application to determine my qualifications for employment. I authorize the Canadian River Municipal Water Authority to make inquiries of my former employers except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation, and eligibility for rehiring. In addition, I authorize the Authority to conduct additional, secondary reference checks which may include reference referrals from previous employers.

If I am a current or former Canadian River Municipal Water Authority employee, I authorize the Authority to make my personnel file available for review by appropriate Authority hiring officials.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire, if required. This may include but is not limited to, investigations of criminal and/or conviction records, driving records, and/or drug screen test as required by U.S. Department of Transportation regulations or by Authority policies. I also understand that medical, psychological and/or physical demands examinations may be required for certain positions. Therefore, I understand that offers of employment will be conditional and that my employment will depend on successful completion of any conditions of employment that are contained in the Authority vacancy announcement or in the Authority Policies and Procedures.

I release the Authority and other persons or entities from any claims that might be based on the Authority's decision to conduct a background check.

I certify that all statements made in my application are true and accurate, and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment, or if discovered after I begin employment will result in my termination. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

If hired, I agree to abide by the policies and procedures of the Canadian River Municipal Water Authority.

\_\_\_\_\_  
Name (Print or type)

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

\_\_\_\_\_  
Date

A copy or facsimile will be considered the same as an original signature.