

SOUTH TEXAS WATER AUTHORITY

APPLICATION FOR EMPLOYMENT

Position Applied for _____ Date: _____

PERSONAL INFORMATION

Name _____

LAST

FIRST

MIDDLE

Present Address _____

STREET

CITY

STATE

ZIP CODE

Social Security Number _____ Phone No. _____

If related to anyone in our employ. _____

State name and department: _____ Referred By: _____

Date You Can Start: _____ Salary Desired: _____

Are you employed now? _____ If so may we inquire of your present employer _____

Ever applied to this company before? _____ Where: _____ When: _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			

Subjects of special study or specialized skills (for example tools/machinery, office equipment) _____

What foreign languages do you speak fluently? _____
Read Write

Activities: Civic, Athletic, etc. _____
(Exclude Organizations, the name or character of which indicates the race, religion, sex, marital status, age, color or national origin of its members.)

State any additional information you feel may be helpful to us in considering your application: _____

Do you possess a valid driver's license? Yes No DL# _____, State _____ Class _____
 Expiration Date _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status: Yes No
Proof of citizenship or immigration status will be required upon employment

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

FORMER EMPLOYERS (List below last four employers, starting with most recent first)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Provide below the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS/PHONE#	BUSINESS	YEARS ACQUAINTED
1)			
2)			
3)			

In Case of
 Emergency Notify: _____
 Name Address Phone No.

Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached

Yes No

INSURABILITY STATEMENT

Employment with South Texas Water Authority is contingent on the employee being insurable under Authority's auto insurance policy. Should the employee become uninsurable during the course of employment due to traffic violations, irrespective of fault, such employee shall be terminated.

I have read the foregoing statement and understand that employment with the South Texas Water Authority depends on my insurability under a Texas auto insurance policy. I also understand that I may be required to obtain a Motor Vehicle Report if requested by the Authority.

Applicant

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that I am an "at will" employee and that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____

Signature: _____