

Wells Branch MUD APPLICATION FOR EMPLOYMENT

Pleas fill out this application completely in ink or type. If questions do not apply to you, enter 'NA'. You may attach your resume to provide additional information, but please complete an application. Remember to sign the application when it is completed. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the disability of qualified persons, sexual preference, or any other legally protected status.

NAME _____ SOCIAL SECURITY NO _____
(Last) (First) (Middle)

ADDRESS (Current) _____
(Street) (City) (State) (Zip Code) (Phone)
 (Permanent) _____
(Street) (City) (State) (Zip Code) (Phone)

Position applying for _____ Driver's License _____

Do you wish to be considered for other positions as they become vacant? Yes No

Salary expected \$ _____ Full Time Part Time Date available for work _____

Are you willing to work hours other than 8-5? Yes No If yes, when _____

Are you 18 years old or older? Yes No

Are you legally authorized to work in the United States? Yes No (proof of citizenship or legal authorization will be required upon employment)

EDUCATION:

School grade completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate or achieve GED? Yes No
(Note: Transcripts may be required for verification of education)

Type of School	Name & Location of School	Dates Attended				Number of Semester Hrs. Completed	Graduated		Type of Diploma or Degree	Major Field of Study
		From		To			Yes	No		
		Mo.	Yr.	Mo.	Yr.					
College or University										
Technical or Vocational										

Current Licenses/Certifications/Registrations *(indicate types and dates received)*: _____

Special Skills/Qualifications: Typing Speed _____ wpm.

List all special job-related skills and qualifications acquired from employment or other experience and or machines or office equipment you can use such as adding machines, dictation equipment, data processing equipment, etc. _____

EMPLOYMENT RECORD: Please indicate at least the last 10 years of employment. Start with present or more recent positions and work back. Use additional sheets if necessary.

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Starting Date	Leaving Date	Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Position Title	
Briefly describe your duties and responsibilities:						
Explain reason for leaving:						MUD may contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

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I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are, to the best of my knowledge, true and correct and that they are all given of my own free will. I agree that any misstatement(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. I understand that, if employed, I will serve an initial qualifying period. I understand that this application is the property of the MUD and will become a part of my personal file if I am hired. I also understand that employment at the MUD is "at will," which means that either I or the MUD can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. As a condition to employment with the MUD, I understand that I may be required to undergo a post-offer/pre-employment medical examination, and that I may be required to pass a drug and/or alcohol test; I hereby consent to such examination(s).

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MONITORING DATA

Name _____ S.S. # _____ Today's Date _____

Address _____

Title/Type of Job(s) Applied for _____

Check Appropriate Box(es):

- White
- Black
- Hispanic
- American Indian
- Asian
- Pacific Islander
- Male
- Female
- Over 40
- Veteran
- Disability (specify) _____

Source of Contact with This Agency:

- Walk-in
- Newspaper Ad
- College, School, University
- Governor's Job Bank, EEO Office
- Texas Employment Commission
- Other (specify) _____

I understand that this information is needed to comply with federal and state employment requirements. The information requested will not be considered in the selection process. As an employer with an Affirmative Action Program, we comply with government regulations, including affirmative action responsibilities where they apply.

Signature: _____