

NAME: _____

EDUCATION

(Circle Highest Applicable Number)

Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate School 1 2
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High School Name: _____

Name of College: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Did you graduate from High School?

Did you graduate from College?

Yes: _____ No: _____

Yes: _____ No: _____

or do you have a current Certificate of Competency: _____

Degree: _____

Expiration Date: _____

Major: _____

Please add any other information that you feel would further clarify your educational background:

WATER RELATED TRAINING COURSES

List Course: _____

Date Completed: _____

NAME: _____

EMPLOYMENT RECORD

Last or Current Employer: _____

Starting Date: _____ Ending Date: _____

Address: _____

City: _____ State: _____

Name of Immediate Supervisor: _____

Telephone Number of Employer: _____

Your Position: _____

Starting Salary: _____ Ending Salary: _____

Your Duties: _____

Reason for desiring to change: _____

May we contact this employer? Yes: _____ No: _____

Next Previous Employer: _____

Starting Date: _____ Ending Date: _____

Address: _____

City: _____ State: _____

Name of Immediate Supervisor: _____

Telephone Number of Employer: _____

Your Position: _____

Starting Salary: _____ Ending Salary: _____

Your Duties: _____

Reason for leaving: _____

Next Previous Employer: _____

Starting Date: _____ Ending Date: _____

Address: _____

City: _____ State: _____

Name of Immediate Supervisor: _____

Telephone Number of Employer: _____

Your Position: _____

Starting Salary: _____ Ending Salary: _____

Your Duties: _____

Reason for leaving: _____

List Other Employers on Back if the employment occurred within the last 10 years.

NAME: _____
Do you have a valid Texas Driver's License? Driver's License No. _____
Type of License: Operator Commercial Chauffeur
Have you ever had your Driver's License suspended? _____
Approximate number of traffic violations during last five (5) Years: _____

Personal References: (Name three references, addresses and telephone numbers.)

1. _____

2. _____

3. _____

Do you have objections to shift work? Yes: No: Employees of Northeast Texas Municipal Water District are required to stand-by for emergency call-out work, and may be required to work at any of the Districts locations of operations.
Do you object to this job requirement: Yes: No:

ADDITIONAL INFORMATION

The remaining part of this application is for your convenience in furnishing additional information concerning yourself which you feel might further qualify you for the position you are seeking:

I certify that the statements made by me in this application are true, complete, and correct and are made in good faith. I authorize investigation of my work, education, and character background. I understand that falsification of this application could result in immediate termination of my employment, if any.

I acknowledge that Northeast Texas Municipal Water District is an "At Will" employer.

Date: _____ Signature of Applicant: _____