

APPLICATION FOR EMPLOYMENT

YANCEY WATER SUPPLY CORPORATION

P. O. Box 127 . Yancey, TX 78886

Phone: (830) 741-5264 . Fax: (830) 741-8009

E-mail: yanceywater@yahoo.com

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When?	

Personal Information

Last Name			First Name			Middle Name		
Address (Number, Street, City, State, Zip Code)								
Social Security Number			Home & Cell Phone Numbers			Referred By		

Education

High School attended and location:	No. of years completed:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Colleges attended and location:	No. of years completed:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Trade, Business or Correspondence School attended and location:	No. of years completed:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	

General

Special Courses or Training:

Experience/Skills related to the position for which you are applying (Include equipment/machinery operational experience).

Office /Secretarial Applications

List office/secretarial training courses completed and any other training which may be helpful in considering your application.

Employment History (List Present or Most Recent Position First)

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your position
Duties:			
Name and position of immediate Supervisor.			
Date employed (Day, Month, Year)	Date left (Day, Month, Year)	Starting Salary	Final Salary
Reason for leaving:			
Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of business	Department	Your position
Duties:			
Name and position of Immediate Supervisor.			
Date employed (Day, Month, Year)	Date left (Day, Month, Year)	Starting Salary	Final Salary
Reason for leaving:			

Name of Employer			Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position	
Duties:				
Name and position of immediate Supervisor.				
Date employed (Day, Month, Year)	Date left (Day, Month, Year)	Starting Salary	Final Salary	
Reason for leaving:				

State any additional information you feel my be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your position
Duties:			
Name and position of immediate Supervisor.			
Date employed (Day, Month, Year)	Date left (Day, Month, Year)	Starting Salary	Final Salary
Reason for leaving.			

Current Drivers License type and number:

Have you had any DWI convictions in the past three (3) years_____? Five (5) years _____?

Have you ever been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ NO _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signed _____

Date _____