

San Antonio Water Company

Employment Application Form

Please print or type in dark ink only, answering all questions accurately, completely and legibly to avoid disqualification due to an incomplete or illegible application. Resumes are considered additional information.

Position applying for: _____

_____	_____	_____	_____
Date	Last Name	First Name	Middle Initial
Present Address			
_____		_____	_____ - _____
No. & Street		City	State Zip
Permanent Address (if different from present address)			
_____		_____	_____ - _____
No. & Street		City	State Zip
(____) _____	(____) _____	_____ - _____	
Business Phone	Home Phone	Social Security Number	

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?
From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

Would you be available for emergency call-out, if requested? Yes No

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for San Antonio Water Company before? Yes No

If yes, when? _____

Do you have any friends or relatives affiliated with or working for San Antonio Water Co. Yes No

If yes, state name(s) and relationship:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

Why are you applying for work at San Antonio Water Company?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Received or Major Study
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High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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If no, do you have a GED Certificate? _____

College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Do you speak, write or understand any languages other than English?..... Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at San Antonio Water Company? Yes No

If yes, please explain:

Answer the following questions if you are applying for a licensed/certificated position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last ten-years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Note: Attach additional page(s) if necessary.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: _____
Mo./Yr. Mo./Yr.

Weekly Pay: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: _____
Mo./Yr. Mo./Yr.

Weekly Pay: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: _____
Mo./Yr. Mo./Yr.

Weekly Pay: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

 Name of Employer

 Telephone No.

 Type of Business

 Your Supervisor's Name

 Address & Street

 City State Zip

Dates of Employment: _____
 Mo./Yr. Mo./Yr.

Weekly Pay: _____
 Starting Ending

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No

 Name of Employer

 Telephone No.

 Type of Business

 Your Supervisor's Name

 Address & Street

 City State Zip

Dates of Employment: _____
 Mo./Yr. Mo./Yr.

Weekly Pay: _____
 Starting Ending

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No

Military Service

Are you currently on Active Reserve status? Yes No

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

References

List four persons, not related to you, who have knowledge of your work performance within the last four years.

_____	_____	(____) _____
First Name	Last Name	Telephone No.
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	
_____	_____	(____) _____
First Name	Last Name	Telephone No.
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	
_____	_____	(____) _____
First Name	Last Name	Telephone No.
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
 Initials chances for employment and that the answers given by me are true and correct to the best of my
 knowledge. I further certify that I, the undersigned applicant, have personally completed this
 application. I understand that any omission or misstatement of material fact on this application or on
 any document used to secure employment shall be grounds for rejection of this application or for
 immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and
 Initials other matters related to my suitability for employment and, further, authorize the references I have
 listed to disclose to the company any and all letters, reports and other information related to my work
 records, without giving me prior notice of such disclosure. In addition, I hereby release the company,
 my former employers and all other persons, corporations, partnerships and associations from any and
 all claims, demands or liabilities arising out of or in any way related to such investigation or
 disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
 Initials be granted or during my employment, if hired, is intended to create an employment contract between
 the company and me. In addition, I understand and agree that if I am employed, my employment is for
 no definite or determinable period and may be terminated at any time, with or without prior notice, at
 the option of either myself or the company, and that no promises or representations contrary to the
 foregoing are binding on the company unless made in writing and signed by me and the company's
 designated representative.

_____ Date _____ Applicant's Signature