## 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 / /

| <b>Employment Desired</b>                                       |                            |                           | True                     | of Employment     |  |  |
|-----------------------------------------------------------------|----------------------------|---------------------------|--------------------------|-------------------|--|--|
| Position                                                        | Date You Can Start         | Salary Desired            | Full-tir                 |                   |  |  |
|                                                                 |                            |                           | Part-tir                 |                   |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
| Are you employed now?                                           | If so, may we contact your | present employer? YES     | NO 🗆                     |                   |  |  |
| YES □ NO □                                                      |                            |                           |                          |                   |  |  |
|                                                                 |                            | When?                     |                          |                   |  |  |
| Have you ever applied to                                        | Where?                     |                           |                          |                   |  |  |
| this company before?                                            |                            |                           |                          |                   |  |  |
| YES 🗆 NO 🗆                                                      |                            |                           |                          |                   |  |  |
| <b>Personal Information</b>                                     | First N                    |                           | Middl                    | le Name           |  |  |
| Last Name                                                       | ame                        | Wildu                     | ic ivaine                |                   |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
| Address (Number, Street, C                                      | City State Zin Code)       |                           |                          |                   |  |  |
| Address (Nullber, Street, C                                     | ity, State, Zip Code)      |                           |                          |                   |  |  |
|                                                                 |                            |                           | P 0                      | 1.0               |  |  |
| Social Security Number Home & Cell Phone Number                 |                            | e Numbers                 | Referred By              |                   |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
| Education                                                       |                            | No. of years co           | mpleted:                 | Did you graduate? |  |  |
| High School attended and l                                      | ocation:                   | No. of years co           | impieted.                | Did you grant and |  |  |
|                                                                 |                            |                           |                          | YES□ NO□          |  |  |
|                                                                 |                            |                           | . Progla                 |                   |  |  |
| Colleges attended and locat                                     | No. of years co            | ompleted:                 | Did you graduate? Degree |                   |  |  |
| Coneges attended and local                                      |                            |                           |                          |                   |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
|                                                                 |                            |                           |                          | YES □ NO □        |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
|                                                                 |                            |                           |                          | Dill and broken   |  |  |
| Trade, Business or Correspondence School attended and location: |                            | location: No. of years co | ompleted:                | Did you graduate? |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
|                                                                 |                            |                           |                          | YES D NO D        |  |  |
|                                                                 |                            |                           |                          | YES U NO U        |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
|                                                                 |                            |                           |                          |                   |  |  |
|                                                                 |                            |                           |                          |                   |  |  |

| General                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|
| Special Courses or Training:                                                                                                    |
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| (T. 1.1. '                                                                                                                      |
| Experience/Skills related to the position for which you are applying (Include equipment/machinery operational experience).      |
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| Office /Secretarial Applications                                                                                                |
|                                                                                                                                 |
| List office/secretarial training courses completed and any other training which may be helpful in considering your application. |
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## **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 pos            | ition        |  |
| Duties:          |                                                          |                             |                                                |                     |              |  |
| Name and pos     | ition of immediate Supe                                  | rvisor.                     |                                                |                     |              |  |
| Date employed    | d (Day, Month, Year)                                     | Date left (Day, Month, Year | Starting Salary                                |                     | Final Salary |  |
| Reason for lea   | aving:                                                   |                             |                                                |                     |              |  |
|                  |                                                          |                             |                                                |                     |              |  |
|                  |                                                          |                             |                                                |                     |              |  |
| 27               |                                                          |                             | Address (Number,                               | Street City Stat    | e Zin Code)  |  |
| Name of Emp      | loyer                                                    |                             | Address (Number,                               | Street, City, State | c, Zip Code) |  |
| Phone            | Type of business                                         |                             | Department                                     |                     | r position   |  |
| Duties:          |                                                          |                             |                                                |                     |              |  |
|                  |                                                          |                             |                                                |                     |              |  |
|                  |                                                          |                             |                                                |                     |              |  |
| Name and pos     | sition of Immediate Supe                                 | ervisor.                    |                                                |                     |              |  |
| rume una po      |                                                          |                             |                                                |                     |              |  |
| Date employe     | Date employed (Day, Month, Year)  Date left (Day, Month, |                             | Year) Starting Salary                          |                     | inal Salary  |  |
| Reason for le    | aving:                                                   |                             |                                                |                     |              |  |
|                  |                                                          |                             |                                                |                     |              |  |
|                  |                                                          |                             |                                                |                     |              |  |
|                  |                                                          |                             |                                                |                     |              |  |

| Name of Employer |                                  | Address (Number, Street, City, State, Zip Code |                              |                        |                   |         |              |  |
|------------------|----------------------------------|------------------------------------------------|------------------------------|------------------------|-------------------|---------|--------------|--|
| Phone            | Type of Business Department      |                                                | Department                   | Your Position          |                   | on      |              |  |
| Duties:          |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
| Name ar          | nd position of                   | immediate Supe                                 | ervisor.                     |                        |                   |         |              |  |
| Date em          | Date employed (Day, Month, Year) |                                                | Date left (Day, Month, Year) |                        | Starting Salary   |         | Final Salary |  |
| Reason           | for leaving:                     |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                | 10.                          |                        |                   |         |              |  |
|                  |                                  |                                                |                              | 1 6 1                  |                   | action  |              |  |
| State an         | y additional in                  | formation you f                                | teel my be he                | lpful to us in conside | ering your applic | cation. |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |
|                  |                                  |                                                |                              |                        |                   |         |              |  |

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

| Current Drivers License type and numb                                                                        | er:                                                                                                                  |                                                                             |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Have you had any DWI convictions in                                                                          | the past three (3) years? Five (5) year                                                                              | rs?                                                                         |
|                                                                                                              |                                                                                                                      |                                                                             |
|                                                                                                              | and the contest to a follow, within the left five years?                                                             |                                                                             |
| lave you ever been convicted of or ple                                                                       | aded no contest to a felony within the last five years?                                                              |                                                                             |
|                                                                                                              | Yes                                                                                                                  | NO                                                                          |
|                                                                                                              |                                                                                                                      |                                                                             |
|                                                                                                              |                                                                                                                      |                                                                             |
| certify that information contained in to thiring me or for immediate terminal rall information listed above. | his application is true and complete. I understand that fation of employment at any point in the future if I am hire | alse information may be grounds for ed. I authorize the verification of any |
|                                                                                                              |                                                                                                                      |                                                                             |
|                                                                                                              |                                                                                                                      | Date                                                                        |