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 ☐ Summer ☐ Part-time ☐ Temporary ☐
Are you employed now? YES ☐ NO ☐	If so, may we contact your present employer? YES ☐ NO ☐		
Have you ever applied to this company before? YES ☐ NO ☐	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 ☐ NO ☐	
Colleges attended and location:	No. of years completed:	Did you graduate?	Degree
		YES ☐ NO ☐	
Trade, Business or Correspondence School attended and location:	No. of years completed:	Did you graduate?	
		YES ☐ NO ☐	

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 _____