

# 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

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Social Security Number Email Address

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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<b>High School</b>	Name _____	_____	Yes No _____	
	Address _____			If no, do you have a GED Certificate? _____
	City _____ State _____ Zip _____			

<b>College/ University</b>	Name _____	_____	Yes No _____	
	Address _____			
	City _____ State _____ Zip _____			

<b>Vocational/ Business</b>	Name _____	_____	Yes No _____	
	Address _____			
	City _____ State _____ Zip _____			

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.

\_\_\_\_\_  
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.

\_\_\_\_\_  
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.

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
May we contact this employer for a reference? ..... Yes No

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\_\_\_\_\_  
 Name of Employer

\_\_\_\_\_  
 Telephone No.

\_\_\_\_\_  
 Type of Business

\_\_\_\_\_  
 Your Supervisor's Name

\_\_\_\_\_  
 Address & Street

\_\_\_\_\_  
 City State Zip

Dates of Employment: \_\_\_\_\_  
 Mo./Yr. Mo./Yr.

\_\_\_\_\_  
 Your Position and Duties

\_\_\_\_\_  
 Reason for Leaving

May we contact this employer for a reference? ..... Yes No

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\_\_\_\_\_  
 Name of Employer

\_\_\_\_\_  
 Telephone No.

\_\_\_\_\_  
 Type of Business

\_\_\_\_\_  
 Your Supervisor's Name

\_\_\_\_\_  
 Address & Street

\_\_\_\_\_  
 City State Zip

Dates of Employment: \_\_\_\_\_  
 Mo./Yr. Mo./Yr.

\_\_\_\_\_  
 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about this job opening? \_\_\_\_\_

**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	
_____	_____	(____) _____
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