

TARRANT REGIONAL WATER DISTRICT

APPLICATION FOR EMPLOYMENT

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"/> |
| | | | Part-time <input type="checkbox"/> |
| | | | Summer <input type="checkbox"/> |
| | | | Temporary <input type="checkbox"/> |

Are you employed now? YES NO If so, may we contact your present employer? YES NO

Have you ever applied with 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 Telephone Number

Referred By

EDUCATION

| | | |
|--|------------------------|--|
| High School Education | No. of Years Completed | Did you graduate? |
| | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| College Attended and Location | No. of Years Completed | Did you graduate? Degree |
| | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Trade, Business, 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

OFFICE SECRETARIAL APPLICATIONS

| Skill/Aptitude | Years of Experience | Words Per Minute | Software Used |
|-----------------|---------------------|------------------|---------------|
| Typing | | | |
| Shorthand | | | |
| Word Processing | | | |

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

EMPLOYMENT HISTORY (List Present or Most Recent Positions 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 | | | |

| | | | |
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| Reason for Leaving | | | |

Site any additional information you feel may 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.

| | | | |
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| Duties | | | |
| Name and Position of Immediate Supervisor | | | |
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
| Reason for Leaving | | | |

| | |
|--|-----------------|
| I certify that the information provided is true and correct. | Signature _____ |
|--|-----------------|