

AUTHORIZATION TO CONFIRM INFORMATION

- I certify that all of the information provided by me in this application is true and complete, and I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire, if hired, termination.

- I authorize any of the persons or organizations referenced in this application to give any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

- I authorize you to request, receive, and verify all information given on this application.

- I further acknowledge that if I am employed by the District, my employment will be at will and may be terminated with or without cause at any time by me or by the District.

- I understand that no manager or representative of TRWD has any authority to enter into any agreement for employment for any specified period of time.

I understand the above information and agree to these contents.

Applicant Signature

Date

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"/> Contractor <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
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Are you employed now? YES NO If yes, may we contact your present employer? YES NO

Have you ever applied with this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When?
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PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Home Telephone Number	Email Address	Referred By

Are you legally authorized to work in the U.S.? Yes No

Will you now or in the future require sponsorship for employment visa status? (e.g. H-1B visa Status) Yes No

EDUCATION

High School Education	No. of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		GED (HS equivalent) YES <input type="checkbox"/> NO <input type="checkbox"/>
College Attended and Location	No. of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Degree
College Attended and Location	No. of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Degree
Trade, Business, Correspondence School Attended and Location	No. of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Degree

GENERAL

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

EMPLOYMENT HISTORY (List Current 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			

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)	
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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			

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