

# APPLICATION FOR EMPLOYMENT

- A signed copy of an application will be required if contacted for an interview.
- Applications must be completed in full. Incomplete applications will not be considered.

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current City and State of Residence: \_\_\_\_\_

## POSITIONS APPLIED FOR

By preference, list all posted positions for which you are applying.

1)	2)				
3)	4)				
Are you currently employed?	Yes	No	If so, may we contact your current employer?	Yes	No
Are you at least 18 years old?	Yes	No	Date you would be available to begin work?		
Have you ever applied to UTRWD in the past?	Yes	No	If so, for what position?		
			Date previously applied:		
Have you ever worked for UTRWD in the past?	Yes	No	If so, please provide dates of employment?		
			From:	To:	
If you have worked for UTRWD in the past, please provide reason for leaving?					
How did you find out about the open position for which you are applying?					
UTRWD Website		Walk-In	State Employment Office	Friend	Other
Do you have any relatives currently working for UTRWD?			If so, please provide:		
Yes	No		Name _____ Relationship _____		

## EDUCATION

High School	Name and Location of High School Last Attended	Check Last Year Completed	Diploma Obtained?
		9   10   11   12	Yes   No
If you did not graduate from High School, have you earned a GED?    Yes    No			
College	Name and Location of College Attended	Check the Number of Years Attended	Degree Obtained?    Yes    No Degree Name or Area of Study:
		1   2   3   4	
Graduate School	Name and Location of Graduate School Attended	Check the Number of Years Attended	Degree Obtained?    Yes    No Degree Name or Area of Study:
		1   2   3   4	
Trade, Business or Technical School	Name and Location of School Attended	Check the Number of Years Attended	Degree Obtained?    Yes    No Degree Name or Area of Study:
		1   2   3   4	
Please list any additional education or training:			
Please list any Professional Certifications, State Certifications or Licenses that you currently hold:			

## MILITARY SERVICE RECORD

Branch of Service:	Primary Duty/Type of Work Performed:	Date of Discharge and Rank:
Special Accomplishments, Awards or Experience:		

## TECHNICAL AND MAINTENANCE POSITIONS

Questions in this section apply only to Technical and Maintenance positions.

Are you willing and able to work shift work?	Yes      No	If no, please provide reason(s) why:
Are you willing and able to work overtime?	Yes      No	If no, please provide reason(s) why:
Are you willing and able to work weekends?	Yes      No	If no, please provide reason(s) why:
Are you willing and able to work emergency or on-call?	Yes      No	If no, please provide reason(s) why:
Do you have a valid Texas Driver License?	Yes      No	If yes, please state type of Driver License:
If you are applying for a Maintenance Position and do not currently have a valid Texas Commercial Driver License, are you willing and able to obtain one within the first 90 days of employment?    Yes    No    If no, please explain:		

## EMPLOYMENT EXPERIENCE

Start with your current or most recent job.

Name of Present or Most Recent Employer:			
Address:		City:	State:      Zip:
Job Title:	Starting Date:	Leaving Date:	Total number of years and/or months worked in position? Years      Months
Starting Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____	Ending Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____		May we contact your Supervisor? Yes      No
Name of Supervisor:		Title of Supervisor:	Phone Number of Supervisor:
Description of Work:			
Reason for Leaving:			

Name of Next Prior Employer:			
Address:		City:	State:      Zip:
Job Title:	Starting Date:	Leaving Date:	Total number of years and/or months worked in position? Years      Months
Starting Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____	Ending Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____		May we contact your Supervisor? Yes      No
Name of Supervisor:		Title of Supervisor:	Phone Number of Supervisor:
Description of Work:			
Reason for Leaving:			

Name of Next Prior Employer:			
Address:		City:	State: Zip:
Job Title:	Starting Date:	Leaving Date:	Total number of years and/or months worked in position? Years _____ Months _____
Starting Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____	Ending Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____		May we contact your Supervisor? Yes No
Name of Supervisor:		Title of Supervisor:	Phone Number of Supervisor:
Description of Work:			
Reason for Leaving:			

Name of Next Prior Employer:			
Address:		City:	State: Zip:
Job Title:	Starting Date:	Leaving Date:	Total number of years and/or months worked in position? Years _____ Months _____
Starting Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____	Ending Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____		May we contact your Supervisor? Yes No
Name of Supervisor:		Title of Supervisor:	Phone Number of Supervisor:
Description of Work:			
Reason for Leaving:			

Name of Next Prior Employer:			
Address:		City:	State: Zip:
Job Title:	Starting Date:	Leaving Date:	Total number of years and/or months worked in position? Years _____ Months _____
Starting Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____	Ending Hourly Rate or Bi-weekly Salary: Hourly Rate _____ Bi-Weekly Salary _____		May we contact your Supervisor? Yes No
Name of Supervisor:		Title of Supervisor:	Phone Number of Supervisor:
Description of Work:			
Reason for Leaving:			

## PERSONAL INFORMATION

The following information will be retained for use by UTRWD Personnel Staff.

### DRIVER RECORD AND BACKGROUND

Do you currently have a valid Driver License?	Yes	No	If yes, please provide date of expiration:
Is your Driver License currently suspended?	Yes	No	If yes, please explain why?
Has your Driver License ever been suspended?	Yes	No	If yes, please explain why?
Have you ever been convicted of driving under the influence of drugs or alcohol?	Yes	No	If yes, please state the year of conviction?
Have you ever been convicted of a felony?	Yes	No	If yes, please state year of conviction and type of offense?
Are you currently serving probation for a felony?	Yes	No	If yes, please state length of probationary period?
If you answer yes to either felony related question above, please explain (will not necessarily exclude you from consideration):			

### CONTACT INFORMATION

Telephone number(s) that can be used to contact you:			E-mail Address (optional):		
Number:		Home	Cell		
Optional Number:		Home	Cell		
What is your preferred method of being contacted:			What is the best time of day to contact you?		
Telephone	E-Mail	Either Method			

### APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND FURTHER AUTHORIZE MY PREVIOUS EMPLOYERS LISTED ABOVE TO RELEASE TO UTRWD ANY PERTINENT INFORMATION THAT MAY BE NEEDED FOR VERIFICATION OR CONSIDERATION OF EMPLOYMENT, AND I HEREBY RELEASE AND HOLD HARMLESS UTRWD FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE SPECIFIED BY LAW, ANY EMPLOYMENT RELATIONSHIP WITH UTRWD IS OF AN “AT WILL” NATURE, MEANING THAT AN EMPLOYEE MAY RESIGN AT ANY TIME, AND THAT UTRWD MAY DISCHARGE AN EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. IT IS FURTHER UNDERSTOOD THAT THIS “AT WILL” EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF UTRWD.”

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

A signed copy of an applicant's completed application must be on file before conducting an interview.

Area below is for use by the Personnel Staff

Date Received:	Tracking Number:
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