

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			PHONE NUMBER:	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO				

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THE UTRWD BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THE UTRWD BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING UTRWD		
NAME OF LAST SUPERVISOR AT UTRWD		
WHO REFERRED YOU TO THE DISTRICT? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> WALK IN <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER _____		

## EDUCATION

TYPE	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	CIRCLE LAST YEAR COMPLETED	DEGREE OBTAINED/ SUBJECTS STUDIED
HIGH SCHOOL			9 10 11 12	
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, STATE CERTIFICATIONS OR LICENSES
SPECIAL SKILLS

900 N. KEALY ST.

P.O. BOX 305

LEWISVILLE, TX 75067

(972) 219-7519 FAX

# FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF NEXT PRIOR EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF NEXT PRIOR EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

BELOW, GIVE THE NAMES OF 3 PERSONAL REFERENCES TO WHOM YOU ARE NOT RELATED AND HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	TELEPHONE (INCLUDE AREA CODE)	BUSINESS	YEARS ACQUAINTED
1					
2					
3					

## MILITARY SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE & RANK
SPECIAL ACCOMPLISHMENTS, AWARDS, OR EXPERIENCE	

## DRIVER'S LICENSE

LICENSE NUMBER	STATE	CLASS OR TYPE
IS LICENSE CURRENTLY VALID? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS LICENSE EVER BEEN SUSPENDED? IF SO, WHY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY SERVING PROBATION FOR A FELONY CONVICTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO EITHER QUESTION, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)	

## 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, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS (EXCEPT AS NOTED) LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND I HEREBY RELEASE UTRWD FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF UTRWD HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED UTRWD REPRESENTATIVE."

SIGNATURE

DATE