

**ZEPHYR WATER SUPPLY CORPORATION  
APPLICATION FOR EMPLOYMENT**

**PO BOX 722  
ZEPHYR, TX 76890  
325-739-5264**

(PLEASE PRINT OR TYPE)

LAST

FIRST

MIDDLE

Present Address: \_\_\_\_\_  
STREET                      APT/Unit                      CITY                      STATE                      ZIP

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE NUMBER: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES  YES  NO

IF, NO ARE YOU AUTHORIZED TO WORK IN THE U.S.?  YES  NO

HAVE YOU BEEN CONVICTED OF A FELONY OR SUBJECTED TO DEFERRED ADJUDICATION ON A FELONY CHARGE?  YES  NO IF YES PLEASE WRITE AN EXPLANATION GIVING DATES AND NATURE OF OFFENSE AND LOCATION OF THE COURT, AND DISPOSITION OF THE CASE(S) ON AN ADDITIONAL SHEET OF PAPER AND ATTACH. A CONVICTION MAY NOT DISQUALIFY YOU, BUT A FALSE STATEMENT WILL.

DATE AVAILABLE: \_\_\_\_\_

ARE YOU 18 OR OVER?  YES  NO

**EMPLOYMENT INFORMATION**

POSTION APPLYING FOR: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO

HAVE YOU WORKED FOR ZWSC BEFORE?  YES  NO      DATE: \_\_\_\_\_

ARE YOU RELATED TO ANY ZWSC EMPLOYEE?  YES  NO

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<b>FORMER EMPLOYERS</b> (LIST LAST FOUR EMPLOYERS STARTING WITH MOST RECENT FIRST)					
EMPLOYMENT DATES	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

MAY WE CONTACT YOUR PREVIOUS SUPERVISORS FOR A REFERENCE?  YES  NO

**REFERENCES:** PLEASE LIST THREE PROFESSIONAL REFERENCES.

NAME	COMPANY	PHONE	RELATIONSHIP

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<b>EDUCATION</b>	<b>NAME OF SCHOOL</b>	<b>YEARS ATTENDED</b>	<b>GRADUATED</b>	<b>SUBJECT STUDIED If applicable</b>
HIGH SCHOOL/ GED				NA
COLLEGE				
TRADE/BUSINESS SCHOOL				

**SPECIAL TRAININGS/SKILLS/QUALIFICATIONS:** LIST ALL JOB RRELATED TRAINING OR SKILLS YOU POSSESS AND MACHINES OR OFFICE EQUIPMENT YOU CAN USE SUCH AS COMPUTER EQUIPMENT, SOFTWARE AND HARDWARE.  
(ATTACH ADDITIONAL PAGE IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF A LICENSE, CERTIFICATE OR OTHER AUTHORIZATION IS REQUIRED RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING:

<b>LICENSE/CERTIFCATION</b>	<b>DATE ISSUED</b>	<b>DATE EXPIRED</b>	<b>ISSUED BY AUTHORITY</b>	<b>LICENSE NUMBER/TYPE</b>

**MILITARY SERVICE**

ARE YOU A VETERAN  YES  NO IF YES DATES OF SERVICES \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ LIST TYPE OF DISCHARGE \_\_\_\_\_

IF OTHER THAN HONORABLE EXPLAIN \_\_\_\_\_

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DISCLAIMER AND SIGNATURE

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN CONNECTION WITH MY APPLICATION, WHETHER IN THIS DOCUMENT OR NOT, IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, OR OMISSION OF INFORMATION MAY BE GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, TERMINATED.

I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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