

FAYETTE WATER SUPPLY CORPORATION

200 Bordovsky Rd, P.O. Box 724 La Grange, TX 78945

> 979-968-6475 Fax: 979-968-8239

www.fayettewsc.com

Application for Employment

PERSONAL INFORMATION **First Name** Middle **Last Name Home Address (Number & Street)** City State Zip **Phone Number** E-Mail Address **Social Security Number Driver's License Number & State** Are you 18 or older? Do you have any physical limitations that would affect your ability to perform the tasks required for your job, if hired? If yes, please explain. PERSONAL REFERENCES Name **Phone Number** Years Known Relationship (No Relatives) Name **Phone Number** Years Known Relationship (No Relatives) **Phone Number** Years Known Name Relationship (No Relatives) **EDUCATION**

High School	City, State	Did you Graduate?	If no, do you have a GED?	Degree or Certificate
		Yes No	Yes No	
College/University	City, State	Yes No Hours	Major/Minor	
Graduate School	City, State	Yes No Hours		
Vocational/Technical	City, State	Yes No Hours		

PREVIOUS EMPLOYMENT							
Please complete the information from your current and/or past employers. Please list three if applicable.							
Company Name			Position		Supe	rvisor	
Address		Phone N			Number		
					Tage		
Duties & Responsibilities					May we contact		
Start Date (Month & Year)	End Date (Month & Yea	r) Pa	ason for Leaving		Yes	No	
Start Date (Worth & Tear)	End Date (Wonth & Tea	ii) Ke	ason for Leaving				
Starting Pay			Ending Pay				
			. 8				
Company Name			Position		Suno	rvisor	
Company Name			rosition		Supe	I VISUI	
Address				Phone N	Jumber		
Duties & Responsibilities					May we contact	this employer?	
					Yes	No	
Start Date (Month & Year)	End Date (Month & Yea	r) Rea	ason for Leaving				
Starting Pay	Starting Pay		Ending Pay				
Company Name			Position		Supe	rvisor	
Address				Phone N	 		
Duties & Responsibilities					May we contact	this employer?	
					Yes	No	
Start Date (Month & Year)	End Date (Month & Yea	r) Rea	ason for Leaving				
G. d. P.			I n u n				
Starting Pay			Ending Pay				

SECURITY								
Have you ever been convicted of a Class A or Class B Misdemeanor or Felony Charge or subjected to a Deferred Adjudication on such a charge? Yes No If your answer if yes, explain in detail. Include the dates and nature of the offense, name and location of the court, and the disposition of the case.								
EMERGENCY CONTACT INFORMATION								
Name	Primary Number	Secondary Number	Relationship					
Name	Primary Number	Secondary Number	Relationship					
Applicant's Certification and Agreement								
I hereby certify that the facts set forth in the is employment application are true and complete. I understand that, if employed, a falsified statement, whether intentional or unintentional, on this application shall be considered sufficient cause for dismissal if discovered within two years of hire date. I further understand and agree that, if employed, the employment will be "at will". That is, either I or the Company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no representative or the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. You are hereby authorized to make any investigation of my personal history. I certify that I have no objections to the following conditions concerning my employment:								
 Available for overtime when Submitting to a physical and Returning all Company issue Abiding by the rules and reget Available to work any shift, prevailing rate at that time. Did you complete this appli 	d/or drug examination wated items at the time of togulations of the Compan, any department, or any	ermination. y						
Signature of Applicant		Date						