FANNIN COUNTY WATER AUTHORITY

Employment Application

DRUG-FREE WORKPLACE

Fannin County
Water Authority
Clean Water
Governing
Community

DATE OF APPLICATION:																		
APPLIC	ANT	INFC	RM	1ATION														
Last Name				ı	First				M.I.		Date Birth							
Any other names you are known by:									Driver's License #:									
Street Address										Apartment/Unit #								
City				State						ZIP								
Phone				E-mail Address														
Date Available			Social Security No.					Desi	sired Salary									
Position A	Applied	for				·						·		·				
Are you a	a citize	n of th	ne U	nited Stat	tes?	YES	NO		If no, are	If no, are you authorized to work			ork in th	ne U.S.?	? \	YES [NO 🗆
Can you meet attendance requirements for this position?				YES	NO		Do you have transportation?)	YES [NO 🗆		
Do you h	ave a v	valid d	rive	r's license	e?	YES	NO		Do you have a driving record?					١	YES [NO 🗆	
Have you ever applied to Fannin County Water Authority?					YES	NO		If yes, what position and when?										
Have you ever been employed by Fannin County Water Authority?					YES	NO		Reason for leaving?										
Do you have physical limitations that prevent you from any work for which you are being considered?					YES	NO		If yes, ple describe:	ase									
Have you ever been convicted of a felony? YES \(\square\) N					NO		If yes, ex	olain										
Proof of eligibility under the Immigration Reform Act of 1986 is required for employment. If hired by Fannin County Water Authority, can you provide some proof of your identity and eligibility to work in the USA? *The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with the respect of individuals who are at least 40 years of age but less than 70 years of age.																		
EDUCA [*]	TION																	
High Scho	ool						Add	dress										
From		Т	ō		Did you	graduate?	YES	s 🗆	NO 🗆	Deg	ree							
College							Add	dress										
From		Т	<u>-</u> о		Did you g	graduate?	YE:	S 🗌	NO 🗆	Deg	ree							
Other							Add	dress										
From		Т	ō		Did you	graduate?	YES	S 🗌	NO 🗆	Deg	ree							

REFERENCES									
Please list three professional references.									
Full Name				Relationship					
Company				Phone					
Address									
Years known:									
Full Name				Relationship					
Company				Phone					
Address	tress								
Years known:									
Full Name				Relationship					
Company				Phone					
Address	<u> </u>								
Years known:	ars known:								
PREVIOUS EN	IPLOYMENT								
Company			Phone						
Address				Supervisor					
Job Title			Starting Salary	\$	Ending Salary	\$			
Duties and Responsibilities:									
From	То	Reason for Leaving	I						
May we contact y	our previous super	visor for a reference?	YES 🗆	NO 🗆					
Company				Phone					
Address				Supervisor					
Job Title			Starting Salary	\$	Ending Salary	\$			
Duties and Responsibilities:									
From	To Reason for Leaving								
May we contact your previous supervisor for a reference? YES NO									
Company			Phone						
Address			Supervisor						
Job Title			Starting Salary	\$	Ending Salary	\$			
Duties and Responsibilities:			I.						
From	То	Reason for Leaving	I						

May we contact your previous supervisor for a reference? YES NO								
MILITARY SERVICE								
Branch	From To							
Rank at Discharge	Type of Discharge							
If other than honorable, explain								
FANNIN COUNTY WATER AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER								
Fannin County Water Authority is an Equal Opportunity Employer and does not engage in any form of prohibited discrimination. Employment decisions are made without regard to race, color, creed, religion, sex, national origin, age, disability or status as a disabled veteran, except where age or sex is a bona fide occupational qualification or where an individual's disability prevents him/her from performing the essential job functions even with reasonable accommodation. I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate Fannin County Water Authority to hire me. I understand that, if hired, 1) I am required to abide by all rules and regulations of Fannin County Water Authority and 2) the employment relationship between Fannin County Water Authority and myself has no specific term and is terminable at will either by Fannin County Water Authority or by me, both during and after the initial probationary period. I certify that the information I have given on this application is true and complete. I understand that in the even tof employment, any false or misleading information or omission of information on my application or in interview(s) may be cause for immediate dismissal without further notice regardless of the time of discovery. I hereby release from all liability or responsibility all persons, school, corporations, government agencies or other organizations furnishing information regarding my personal employment and education history and hereby authorize the release of any such information, including Law Enforcement records. Photocopies of this authorization should be treated as original.								
Signature	Date							