

CHISHOLM-TRAIL

SPECIAL UTILITY DISTRICT

P. O. Box 249 • Florence, Texas 76527 • (254) 793-3103
www.ctsud.org

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume).

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

PERSONAL

Name: _____ SSN: _____

Driver's License: _____ State Issued: _____ Class: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Are any of your relatives presently employed with CTSUD? Yes No

If yes, name of relative: _____

Relationship: _____

Have you ever worked for CTSUD before? Yes No If yes, dates: _____

Reason for leaving: _____

GENERAL INFORMATION

If you are under age 18, please state your age: _____

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide approved documentation establishing your identity and eligibility to be legally employed in the United States: Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

(A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)

If yes, please explain: _____

Are you available to work: Days Nights Weekends Full Time Overtime Part Time
If you cannot work full time, please explain: _____

Note: Work Schedules are based upon the needs of the District and may be subject to change at any time.

Salary Desired: _____

When would you be available to begin work? _____

EMPLOYMENT:

May we contact your current employer? Yes No

Please list at least the last 10 years of employment. List your current or last employer first.

1. EMPLOYER

Name of Company: _____

Address: _____

Telephone Number: _____ Position: _____

Dates of Employment: From _____ Mo/Yr To _____ Mo/Yr

Salary: _____ Supervisor: _____

Duties: _____

Reason for Leaving (Please explain): _____

2. EMPLOYER

Name of Company: _____

Address: _____

Telephone Number: _____ Position: _____

Dates of Employment: From _____ Mo/Yr To _____ Mo/Yr

Salary: _____ Supervisor: _____

Duties: _____

Reason for Leaving (Please explain): _____

3. EMPLOYER

Name of Company: _____

Address: _____

Telephone Number: _____ Position: _____

Dates of Employment: From _____ Mo/Yr To _____ Mo/Yr

Salary: _____ Supervisor: _____

Duties: _____

Reason for Leaving (Please explain): _____

4. EMPLOYER

Name of Company: _____

Address: _____

Telephone Number: _____ Position: _____

Dates of Employment: From _____ Mo/Yr To _____ Mo/Yr

Salary: _____ Supervisor: _____

Duties: _____

Reason for Leaving (Please explain): _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Please explain any gaps in work history: _____

Have you ever been discharged from any employment or asked to resign? Yes No

If yes, please explain: _____

EDUCATION:

Type of School	Name, City, State of School	Course of Study	Circle last year attended	Graduated	Degree
High School			9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Trade Technical Other			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

ADDITIONAL EXPERIENCE, QUALIFICATIONS, OR LICENSES:

List any other experience, skills, licenses, or qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION:

Consistent attendance and punctuality are essential requirements of every job at CTSUD. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with CTSUD? Yes No

If Yes, please explain:

REFERENCES:

<u>Professional:</u>	<u>Personal:</u>
Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone:	Telephone:
Relationship:	Relationship:
How long known:	How long known:
Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone:	Telephone:
Relationship:	Relationship:
How long known:	How long known:

NOTIFICATION AND AGREEMENT:

Please read before signing.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of CTSUD to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

If hired, I agree to abide by all of CTSUD’s rules and regulations, and understand that, if employed, my employment may be terminated with or without cause and with or without notice, at any time, at the option of either the District or me. I further understand that no representation, whether oral or written by any representative or agent of CTSUD, at any time can constitute a contract of employment. I understand that CTSUD and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of CTSUD has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, benefit or other term or condition of employment other than in a document signed by the District Board of Directors, or to make any agreement contrary to the foregoing.

I understand that CTSUD requires the successful completion of a urinalysis for drug testing purposes, a blood alcohol test, and/or background check (including driving record) as a condition of employment. I understand I may be required to undergo a post-offer/pre-employment medical examination. By submitting this Application for Employment, I hereby consent to either or both of said tests, a post-offer/pre-employment medical examination, and/or background check at CTSUD’s discretion.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature _____ **Date** _____