

# SENECA WATER SUPPLY CORPORATION

P.O. Box 27

WOODVILLE, TEXAS 75979

Office: 409-283-7116 Fax: 409-283-2077

Date Received: \_\_\_\_\_

## Personal Information

Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Seneca Water Supply Corp.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Seneca Water Supply Corp.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

## Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

**Employment History** Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
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Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for Public Works Position, Please indicate whether you hold the following valid drivers licenses:

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Election of Veteran's Preference**

Do you wish to claim a veteran's preference?     Yes     No

If so please check the preference you are claiming.

Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Spouse of deceased veteran.

Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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SENECA WATER SUPPLY CORP. is an Equal Opportunity Employer. It is the policy of Seneca Water Supply Corp. not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date