



EL OSO

WATER SUPPLY CORPORATION

4098 South Hwy 181
Kenedy, TX 78119
830-583-3543
Fax: 830-583-3550
www.elosowater.com

Application for Employment

Personal Information

Date: _____ Position Applying For: _____

First Name _____ Middle _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ E-Mail Address _____ Social Security Number _____

Driver's License Number & State _____ License Class (check one above) A B C CDL License Expiration Date _____ Are you 18 or older? Yes No

Do you have any physical limitation that would affect your ability to perform the tasks required for the position you are applying for, if hired? If yes, please explain. _____

Education & Certificates

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

List any other Licenses, Certificates and/or other forms of recognition: (Applicants may be required to provide copies of licenses and certificates)

| <u>Type of License (Certification, Operator, etc.)</u> | <u>Issued by (state or other authority)</u> | <u>Expiration Date</u> |
|--|---|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

References

List names and telephone numbers of three business/work references that are not related to you and not previous supervisors. If not applicable, list three school or personal references that are not related to you.

| Name | Phone Number | Years Known | Relationship |
|-------|--------------|-------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employment History

Begin with your present or last job first. Include all employment (last 10 years minimum, if applicable) including each position held (even with the same employer). Summarize experience including technical, supervisory and managerial responsibilities, indicating the number of employees you supervised, if applicable. If additional space is need please copy and attach and additional page. **Please explain gaps in employment on a separate sheet.**

| | | | |
|------------------------------|--------------------------|---|---|
| Employer: | | Job Title: | |
| Address: | | Phone Number: | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Supervisor's Name | | Supervisor's Title | |
| Start Date: | End Date: | (Circle One) Full Time Part Time Seasonal/Temporary | |
| Starting Salary per month: | Ending Salary Per Month: | Reason For Leaving: | |
| Job Duties/Responsibilities: | | | |
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|------------------------------|--------------------------|---|---|
| Employer: | | Job Title: | |
| Address: | | Phone Number: | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Supervisor's Name | | Supervisor's Title | |
| Start Date: | End Date: | (Circle One) Full Time Part Time Seasonal/Temporary | |
| Starting Salary per month: | Ending Salary Per Month: | Reason For Leaving: | |
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| Supervisor's Name | | Supervisor's Title | |
| Start Date: | End Date: | (Circle One) Full Time Part Time Seasonal/Temporary | |
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| Job Duties/Responsibilities: | | | |
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| Address: | | Phone Number: | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Supervisor's Name | | Supervisor's Title | |
| Start Date: | End Date: | (Circle One) Full Time Part Time Seasonal/Temporary | |
| Starting Salary per month: | Ending Salary Per Month: | Reason For Leaving: | |
| Job Duties/Responsibilities: | | | |
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Qualification & Skills

In order to assist El Oso WSC in assessing your qualification for this particular vacancy, please describe below how you meet EACH of the minimum qualifications as listed on the Job Description (i.e., computer skill, knowledge, supervisory experience, management courses, and equipment usage). You may attach a separate sheet if more space is required. List any experience, skills or qualifications which you feel would especially fit for work with El Oso WSC.

Security

In the past ten years, have you ever been convicted of a Class A or Class B Misdemeanor or placed on deferred adjudication, probation, or had charges pending for a felony or misdemeanor (including DWI/DUI)? **(Circle One) Yes or No**
 If your answer is **YES**, explain in detail. Include the dates and nature of the offense, name and location of the court, and the disposition of the case. A criminal record will not necessarily disqualify an applicant. Disqualification will be dependent upon the requirements of the job.

Driving Requirements:

If driving is a requirement of the position for which you are applying, a three-year motor vehicle report (MVR) from the Department of Public Safety will be required. You may obtain this from the Department of Public Safety and attach to this application or provide us with your date of birth to enable us to obtain the information. Either attached motor vehicle report(s) (MVRs) for all licenses you have held in the last here years or provide the following information for all:

Name as shown on driver's license: _____ Date of Birth: _____
 State of Issue: _____ License Number: _____
 State of Issue: _____ License Number: _____

Emergency Contact Information

| Name | Primary Number | Secondary Number | Relationship |
|------|----------------|------------------|--------------|
| | | | |
| | | | |

Applicant's Certification & Agreement

Read Carefully and answer by circling Yes or No to all Questions

1. Have you previously worked for El Oso WSC? If yes, please provide information below. Yes / No
 Dates of Employment _____
 Position: _____ Reason for Leaving: _____
2. Are you related to any current employee or Board Member of El Oso WSC? Yes / No
3. If hired, do you have a reliable means of transportation to get to work? Yes / No
4. Do you have any physical handicaps which would prevent you from performing specific kinds of work? Yes / No

Thank you for completing this application and for your interest in employment with El Oso WSC. All Qualified personal will receive consideration without regard to race, color, religion, sex, age national origin, veteran or disabled status (except where age, sex or physical requirement constitute a bona fide occupational qualification).

How did you learn about this job? _____

The information provided in my application for employment is true and correct to the best of my knowledge. I understand that, if employed, false statements or omissions on this application form or any other materials required for employment shall be considered sufficient cause for discharge.

I authorize El Oso WSC to investigate my personal history and/or employment record and to contact any and all references to obtain additional job-related information about me. In consideration for El Oso's acceptance of my application, I release from liability El Oso WSC, its Officers and employees, and all other persons, corporation and organization from claims and damages in connection with furnishing such information. I understand that my Social Security Number will be used to identify my application.

I understand that the employment process may include testing and review of my driving record which is on file with appropriate law enforcement agencies. I also agree that if I am employed, a job requiring the operation of a motor vehicle, my failure to maintain an acceptable driving record may result in my discharge.

If offered employment by El Oso WSC, I agree to submit upon request to a medical examination and drug and/or alcohol test to determine my ability to perform the duties of my position.

 Applicant's Signature

 Date