

APPLICATION FOR EMPLOYMENT

NORTH TEXAS MUNICIPAL WATER DISTRICT

505 E. BROWN STREET
P.O. BOX 2408
WYLIE, TX 75098



SPECIAL INSTRUCTIONS:

- Applications must be completed in full. Incomplete applications will not be considered.
- Original signatures on all application paperwork and submission of complete Social Security information will be required (if contacted for an interview).

All decisions pertaining to employment with NTMWD will be made without regard to color, race, religion, national origin, age, sex, disability, or political affiliation.

APPLICATION DATE:

POSITION(S) APPLIED FOR:

Include all posted positions for which you are applying (by preference). Please use the following format: Position Title (Department)

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>
5. <input type="text"/>	6. <input type="text"/>

APPLICANT INFORMATION:

Name: Last First Middle

Mailing Address City State Zip

Home Telephone Cellular Telephone

E-mail Address Best Time to Contact You

Have you ever been employed with NTMWD? Yes No If yes, provide dates

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

On what date would you be available for work? Do you have any objections to shift work? Yes No

Do you have any objections to stand-by for emergency or call-out work? Yes No

Do you have any relatives currently employed by NTMWD? Yes No

If yes, provide Name Relationship

Do you have a valid Texas Driver's License? Yes No Driver's License Number Type

Have you ever had your Driver's License suspended? Yes No

Approximate number of traffic violations during the last three (3) years

NTMWD is an Equal Opportunity Employer
NTMWD is a Drug Free Employer
NTMWD Facilities are Smoke Free

Have you ever had any convictions, probations, or deferred adjudications for any felony offense other than traffic violations?

Yes No

If yes, please explain in detail showing date, charge, and action.
(A conviction will not necessarily disqualify an applicant from employment.)

Are you capable of performing the duties of the job for which you are applying? Yes No

Are there any limitations or conditions relating to how long you are allowed to work in this country? Yes No

If yes to the preceding question, please explain.

EDUCATION:

Indicate the highest level of education completed:

Elementary School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

Graduate School 1 2 3 4

High School Name Location

Did you graduate? Yes No Did you receive a GED? Yes No If yes, provide a copy of your certificate.

College/Graduate School Name Location

Did you graduate? Yes No Degree Major

Describe any specialized training which you have had.

State any additional information you feel may be helpful in considering your application.

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Dates Employed to Hourly Rate/Salary Starting Ending

Job Title Supervisor

Employer

Address City State Zip

Telephone Number(s)

Work Performed

Reason for Leaving

Dates Employed to Hourly Rate/Salary Starting Ending

Job Title Supervisor

Employer

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Work Performed

Reason for Leaving

(If you need additional space, please continue on a separate sheet .)

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

ACKNOWLEDGEMENT AND CONSENT

I have read and understand North Texas Municipal Water District's (NTMWD) Substance Abuse Policy and Procedures, Policy No. 18, amended March 2008 and agree to comply with all of its requirements, including the requirements related to biological testing.

I understand that I will not be compelled to provide biological specimens for drug and alcohol testing, but that refusal to do so can result in my termination from employment.

I hereby agree to give biological specimens whenever requested to do so by NTMWD.

Applicant's Name

Date

FOR INTERVIEW USE ONLY:

Signature of Applicant

Social Security No.

EMPLOYMENT REFERRAL FORM

APPLICANT INFORMATION:

Name: Last First Middle

DATE OF APPLICATION:

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How did you hear about the position(s) applied for?

1. NTMWD Employee

If checked, please provide the name and department of the NTMWD employee:

Name Department

2. NTMWD Web Site

3. Newspaper Ad

4. Internal Job Posting

5. Other

If checked, please describe

This form must be completed and submitted with the employment application.