Maxwell Special Utility District

9270 Hwy 142 PO Box 158
Maxwell, TX 78656
(512) 357-6253 FAX (512) 357-0152

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Maxwell SUD is an Equal Opportunity Employer. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age.

APPLICANT INFORMATION:

DATE: _____ POSITION APPLYING FOR: _____

NAME: _____
(Last) (First) (Middle) (Maiden/ Other names)

ADDRESS: _____
(Street) (City) (State) (Zip) (Phone)

E-MAIL ADDRESS: _____

What is the best time to call you at the above number: _____ am / pm. May we contact you at work? Yes No
If yes, work number and best time to call: _____ am / pm. Alternate number: _____

Driver's License Number: _____ Class (A B C CDL) State: _____ Expiration Date: _____

Social Security Number: _____

EDUCATION:

	Circle One	Name, Address and Phone Number of School
Graduated High School	Yes / No	
GED	Yes / No	

	Name and Location	Major/Specialization	Degree	College Credit Hrs. Earned
College/ University:			Yes / No	
			Yes / No	

	Name and Location	Major/Specialization	Degree	Hrs. Earned
Technical/ Vocational:			Yes / No	
			Yes / No	

LICENSES, CERTIFICATES & OTHER FORMS OF RECOGNITION: (Applicants may be required to provide copies of licenses and certificates)

Type of License (Certification, Operator, etc.)	Issued by (state or other authority)	Expiration Date

Read carefully and answer by circling Yes or No to all questions: **Circle Yes or No**

1. Have you previously worked for Maxwell SUD? Yes / No

   Dates of Employment: _____

   Position: _____ Reason for leaving: _____

2. Are you related to any current employee or Board Member of Maxwell SUD? Yes / No

   Please explain: _____

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

5. Have you had a serious illness in the past 5 years? If yes, explain in remarks section. Yes / No

6. Have you ever received compensation for injuries? If yes, explain in remarks section. Yes / No

7. In the past ten years, have you ever been convicted, placed on deferred adjudication or probation, or had charges pending for a felony or misdemeanor (including DWI/DUI)? Yes / No

   If yes, explain in remarks below. (A criminal record will not necessarily disqualify an applicant. Disqualification will be dependent upon the requirements of the job.)

8. Remarks:

9. Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with Maxwell SUD?

_____

_____

_____

_____

REFERENCES:
List name and telephone number of three business / work references who are not related to you and not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name:	Telephone Number:	Years Known:

EMPLOYMENT RECORD: Begin with your present or last job. 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 you need additional space, you may copy and attach an additional page. **Please explain gaps in employment on a separate sheet.**

Employer: _____ Job Title: _____

Phone Number: _____ Supervisor's Name: _____

Address: _____ Supervisor's Title: _____

City/State: _____ Starting Salary per month: $_____

Ending Salary per month: $ _____

Period of Employment: _____ / _____ to _____ / _____
Month Year Month Year

(Circle One) Full Time Part Time Seasonal/Temporary

Duties: _____

_____

Reason for leaving: _____

Employer: _____ Job Title: _____

Phone Number: _____ Supervisor's Name: _____

Address: _____ Supervisor's Title: _____

City/State: _____ Starting Salary per month: $_____

Ending Salary per month: $_____

Period of Employment: _____ / _____ to _____ / _____
Month Year Month Year

(Circle One) Full Time Part Time Seasonal/Temporary

Duties: _____

_____

Reason for leaving: _____

Employer: _____ Job Title: _____

Phone Number: _____ Supervisor's Name: _____

Address: _____ Supervisor's Title: _____

City/State: _____ Starting Salary per month: $_____

Ending Salary per month: $ _____

Period of Employment: _____ / _____ to _____ / _____
Month Year Month Year

(Circle One) Full Time Part Time Seasonal/Temporary

Duties: _____

_____

Reason for leaving: _____

DRIVING REQUIREMENT:
If driving is a requirement of the position for which you are applying, a three-year motor vehicle report 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 attach motor vehicle reports (MVR's) for all licenses you have held in the last three years or provide the following information for all:

Name as shown on driver's license: _____ Date of Birth: _____

State of Issue:_____ License Number: _____

_____ License Number: _____

_____

In order to assist Maxwell SUD in assessing your qualifications for this particular vacancy, please describe below how you meet EACH of the minimum qualifications as listed on the Job Description *(i.e., computer skills, knowledge ,supervisory experience, management courses, equipment usage.)* You may attach a separate sheet if more space is required.

Thank you for completing this application and for your interest in employment with Maxwell Special Utility District. All qualified persons 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? _____

APPLICANT'S CERTIFICATION:

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 material required for employment shall be considered sufficient cause for discharge.

I authorize Maxwell SUD 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 Maxwell's acceptance of my application, I release from liability Maxwell SUD, its officers and employees, and all other persons, corporation and organizations 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 in 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 Maxwell SUD, I agree to submit upon request to a medical examination and a drug and/or alcohol test to determine my ability to perform the duties of my position.

Applicants will be required to provide documentation to establish both their identity and their right to work in the United States.

Applicant's Signature: _____ Date: _____