

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin.

							Dat	e /	/
<b>Employm</b>	ent Desired								
Position		Date You C	an Start	Salary Desired	d			yment Summer nporary	
Are you employed N	Now? YES NO		If so, ma	ay we contact y	our emplo	yer?			
Have you ever applied to this company before?			Where?			Wh	When?		
Υ	∕ES □ NO □								
Personal	Information								
Last Name						Middle N	lame		
Address (Number, S	Street, City, State, ZIP	Code)							
ocial Security Number Home To		Home Tele	lephone Number			Referred By			
Education									
High School Attended and Location					No. of Year	s Completed	Did You Graduate?		
College Attended and Location			No. of Ye		No. of Year	s Completed	Did You Graduate?	Degre	ее
							Billy a last		
Trade, Business or Correspondence School Attended and			nd Location	on	No. of Year	s Completed	Did You Graduate?		
General									
Special Courses or	Training								
Evnorionas/Skills D	alated to the Desition f	or Which Vou	Ara Annlı	ina					
=xperience/skills ki	elated to the Position fo	or which You	Are Apply	/irig					
Office/Se	cretarial Appl	ications							
Skill/Aptitude	Years of Experience	9			Software	e Used			
Nord Processing									
Spreadsheets					_				
10-Key									
List secretarial train	ing courses complete	d a.a.d a.a ath.a							

Name of Employer			Address (Number, Street, City, State, ZIP Code)					
Phone	Type of Bu	e of Business		Department		Your	Position	
Duties								
Name and Positio	n of Immediate Sup	ervisor						
Date Employed (D	Day, Month, Year)	Date Left (D	ay, Month, Year)	Start	ing Salary		Final Salary	
Reason for Leavir	ng							
Name of Employe	er		Address (	Number, Stree	t, City, State,	ZIP Code)		
Phone	Type of Bu	siness		Department		Your Position		
Duties								
Name and Positio	n of Immediate Sun	ervisor						
	Name and Position of Immediate Supervisor  Date Employed (Day, Month, Year) Date Left (Day, M			Start	ing Salary	Final Salary		
Reason for Leavir			ay, monun, rear	Giant	ang Calary		mai Galary	
neason for Leavir	ıy							
Name of Employe	er		Address (	(Number, Stree	t, City, State,	ZIP Code)		
Phone	Type of Bu	siness	L	Department		Your Position		
Duties								
Name and Positio	n of Immediate Sup	ervisor						
Date Employed (Day, Month, Year)		Date Left (Day, Month, Year		r) Starting Salary			Final Salary	
Reason for Leavir	ng							
Experience/Skills	related to the Positi	on for Which \	ou Are Applying					
Other Ex	vnorioneo							
	xperience : any job experience	not listed abo	ve that most dire	ectly relates to t	he job for whi	ch you are	now applying.	
Name of Employe	er		Address (	Address (Number, Street, City, State, ZIP Co				
Phone	Type of Bu	siness	L	Department	nent		Your Position	
Duties	I					<u> </u>		
Name and Positio	n of Immediate Sup	ervisor						
Date Employed (D	Day, Month, Year)	Date Left (D	ay, Month, Year)	Start	ng Salary		Final Salary	
				1				

Other Information			
Have you ever been charged with or convicted of a felony?  YES \( \Boxed{\text{NO}} \\ \text{NO} \( \Boxed{\text{D}} \)	If yes, please answer the following questions:  What date were you charged? If convicted, what date? In what city, county and state did this action take place?  Are you on probation or under penalty to do community service?  If yes, please give details.		
Are you related to or acquainted with any current or past employees of the City of Redwater, the Redwater Water and Sewer Corp. or the Redwater City Council?  YES  NO		How known/related?	
I certify that the information provided is true and correct	Signature		
Background Check Authorization: I authorize any of the persons or organizations reference previous employment, education, or any other information covered by this application, and I release all such parties information to you. I also understand that you may check criminal history.	on they might have, personal or otherwise is from all liability from any damages whic ik with the Texas Department of Public S	e, with regard to any of the subjects ch may result from furnishing such	
Drug Testing Statement:  I understand any offer of employment is contingent on m drug testing. I further understand that as a condition of r additional examinations or drug testing.			
	Signature		