



Bistone Municipal Water Supply District



Application for Employment

Equal Opportunity Employer

Instructions to Applicants: Print in black ink or type. All fields must be completed. Write "N/A" if a question does not apply. Resumes may be attached but will **not** be accepted in lieu of a completed application.

Personal Information

Last Name	First Name	Social Security No.	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Home Phone	Cell Phone	Referred By	
Drivers License Number	Type or Class	Expiration Date of License	

Position Data

Position Applying For	Date you can Start	Are you Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever applied to or been employed with Bistone before?	If so, can we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Applied <input type="checkbox"/> Employed <input type="checkbox"/> Neither <input type="checkbox"/>	Dates:	Are you currently authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a current TCEQ Water License? Yes <input type="checkbox"/> No <input type="checkbox"/>	TCEQ License Number & Expiration	
List other relevant TCEQ licenses (CSI, Backflow, etc.)		

Education History

Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
High School			
GED			
College			
Trade, Business, or Correspondence School			

General Information

Subject of Special Study/Research Work	
Relevant Specialized Training	
Special Skills (equipment you can operate)	
U.S. Military or Naval Service	Rank

Criminal History

Have you ever been convicted of, plead guilty or no contest to, or received probation, suspension, or deferred adjudication to a felony or any offense involving moral turpitude (including, but not limited to fraud, theft, assault, sexual offenses, murder, and perjury, and swindling)? Yes No

If yes, please state, when, where, and the nature of the offense: _____

(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position to which you are applying.)

Have you received any traffic violations in the last 4 years? Yes No

If yes, please state when, where, and the nature of the offense(s): _____

Employment History

List each position held. Start with your present or most recent assignment and work backwasrd. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. List all employment for the past 10 years, starting with the most recent.

Employer	From:	To:
	Dates:	
Address	Summary of Job Duties:	
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:
Employer	From:	To:
	Dates:	
Address	Summary of Job Duties:	
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:

Employer	From: _____ To: _____ Dates:
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: _____ Ending Salary: _____

Summarize all other previous employment: _____

References (Give below the names of three people not related to you, whom you have known at least one year.)

Name	Address	Business	Phone	Years Known

CERTIFICATION & SIGNATURE

“I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if, employed, false statement or omission may result in disqualification or dismissal.

I also understand and agree that no representative of the “District” has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I authorize investigation of all statements contained herein in my application. I authorize all references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release them and Bistone Municipal Water Supply District from all liability for any damage that may result from the utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that Bistone Municipal Water Supply District does not discriminate on the basis of sex, age, or disabilities.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment verification document form upon hire. I also understand that Bistone is 100% drug free and in the event that I am offered employment, I will undergo both a physical and a drug screen.”

Signature: _____ **Date:** _____

Authority to Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize the Bistone Municipal Water Supply District and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, education, personal history, including not limited to academic, achievements, attendance, and disciplinary records.

I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official purposes. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official duties.

I hereby release you, as custodian of such records, any officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, because of compliance with this authorization and request to release information.

Applicant's Printed Full Name: _____

Address: _____

Phone: _____

Applicant's Notarized Signature _____

Sworn to and subscribed this _____ day of _____, _____ in and for
_____ county, in the state of _____.

Printed Name of Notary: _____

My Commission Expires: _____

Notary Seal

REQUIRED DOCUMENTS

The following documents must be attached to the application upon returning to Bistone Municipal Water Supply District. **Failure to supply these documents with a completed application will be grounds for rejection.**

1. Application (Must be signed and dated)
2. Copy of high school diploma or G.E.D. if required.
3. Color copy of Current Texas Driver's License
4. Color copy of Social Security Card
5. Authority to Release Information (Must be Notarized)