

Application for Employment

P.O. Box 690406 Houston, TX 77269-0406

Date of Application:		Position Applied Fo	or:			
Name:						
Present Address:		(First)			(Middle	e)
(Street)	(Apt #)	(City)		(State)		(Zip)
If residing at this address less that	n one year, please	list previous address:				
(Street)	(Apt #)	(City)		(State)		(Zip)
Telephone Number	Home			Work		
Driver's License #/ Classification		/_		WOII		
Have you been employed by Reg If yes, give date	ional Water before			Yes		No
Have you filed an application wit	h us before?			Yes		No
Are you currently employed?				Yes		No
When would you be available for	work?					
Desired Salary Range:						
Are you available to work:		☐ Full Time		Part Time		Temporary
Will you be available to work overtime?				Yes		No
Are you eligible for employment			Yes		No	
Have you been convicted of a fel		П	Ves	П	No	

	Educ	ation	Course of Study	Date Completed	Degree Received (Degree/Major)
High School	Name City State				
Undergraduate College/Univ.	Name City State				
Graduate/ Professional	Name City State				
Describe any spactivities.	pecialized	training, apprenticeship,	, skills (include	foreign langu	ages) and extra-curricular
Employment Start with your o	•	ast position held. Explain	any gaps in your	employment h	istory.
Employer		Telepl	none Number		
A ddmaga					
Job Title/ Descri					
Dates Employed	l				
Hourly Rate/Sal	ary	(From)			(To)
Reason for leavi	'	(Starting)			(Final)
Employer		Telepl	none Number _		
Address					
Job Title/ Descri	iption				
Dates Employed	ı				
		(From)			(To)
Hourly Rate/Sal		(Starting)			(Final)
Reason for leavi	ng				

		(To) (Final)		
Telephone Nur	mber	□ Later		
Applicant's Statement I certify that the information contained in the application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the policies and procedures of Regional Water Corporation, which may be changed, withdrawn, added or interpreted at any time, at the Company's sole option and without prior notice to me. Regional Water Corporation is committed to providing a safe and healthy workplace. For this reason background checks/drug testing will be conducted on employment candidates. Further, Regional Water reserves the right to perform random drug and/or alcohol testing if reasonable cause shall arise. Regional Water Corporation is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability. Signature of Applicant: Date:				
	Telephone Nur Yes Telephone Nur Yes Telephone Nur yes tion is correct to r for discharge sh ted on this applualifications for the by the policies ted at any time, ing a safe and candidates. Furtleshall arise. Imployer. We continued the shall arise.	Telephone Number Yes No Telephone Number No Yes No No Telephone Number No No No Telephone Number No No No Telephone Number No No No No Telephone Number No No No Telephone Number No No No No Telephone Number No No No No No No No No No N		



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any investigator or duly accredited representative of Regional Water Corporation bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Regional Water Corporation and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization.

Applicant's Name	(Printed)	Applicant's Signature
Date		
Witness		Date