GASTONIA-SCURRY SPECIAL UTILITY DISTRICT

P.O. Box 68, 8560 Page Lane, Scurry, TX 75158 - www.gssud.com - Fax 972-452-3328 An Equal Opportunity Employer

Application For Employment

Date Po	osition
	quiry ther
Name (Last, First, Middle)	
Mailing Address	
Physical Address	
-	vening Phone
If you are under 18 years of age, can you provide required proof of you	our eligibility to work?
Have you ever filed an application with us before? If Yes, give date.	Yes Date No
Have you ever been employed with us before? If Yes, give date. Do any of your friends or relatives work here? Are you currently employed? May we contact your current employer? Are you prevented from lawfully becoming employed in this country <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes Date No Yes No Yes No Yes No because of Visa or Immigration status? Yes No
	lesired salary range?
Are you available to work: Are you currently on "lay-off" status and subject to recall? Can you travel if a job requires it? Have you been convicted of a felony or misdemeanor within the last 7	art Time Temporary Yes No Yes No 7 years?
	Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question. **EDUCATION**

	Name and Address of		Number of Years			
	School	Course of Study	Completed	Diploma Degree		
Elementary						
School						
High School						
Undergraduate						
College						
Graduate						
Professional						
Other (Specify)						

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

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, disabilities or other protected status.

		Dates Employed		Work Performed
Employer		From	То	
Address				
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
		Dates Employed		Work Performed
Employer		From	То	
Address				
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
		Dates Employed		Work Performed
Employer		From	То	
Address				
Phone Number		Hourly Ra	te/Salary	
Job Title	Supervisor	Starting	Final	
Reason for Leaving	2			

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:			
Summarize special job-related skills and quali	fications acquired from employment or other experience.		
Specialized Skills - Check skills and/or equipr Computer Spreadsheet Word Processing Strokes Per Minute	Class 'B' Distribution License Backhoe CSI Certification		
State any additional information you feel may	be helpful to us in considering your application.		
which you are applying. Are you capable of performing in a reasonable	ou have been informed about the requirements of the job for e manner, with or without a reasonable accomodation, the activities ou have applied? A review of the activities involved in such a job		
REFERENCES			
Name			
Mailing Address			
Daytime Phone	Evening Phone		
Name			
Mailing Address			
Daytime Phone	Evening Phone		
Name			
Mailing Address			
Daytime Phone	Evening Phone		

Please read carefully before signing. If you have any questions regarding this statement, please ask before signing.

I understand that this application is not an offer for employment and that by accepting my application, Gastonia-Scurry Special Utility District (GSSUD) does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, GSSUD reserves the right to make changes in the terms and conditions of my employment, with or without notice, as GSSUD determines necessary or appropriate. If employed, I agree to conform to the rules of GSSUD. I understand and agree that any future employment is not for any guaranteed length of time, and that employment is based on the consent of both GSSUD and the individual employee, and that both GSSUD and I have the freedom to terminate the employment relationship whenever either chooses to do so, and that no policy, procedure or practice of GSSUD may in any way constitute or be construed as either a contract of employment between GSSUD and me or a promise of employment.

I understand that no one other than the Board of Directors of GSSUD has authority to make any other agreement. Any such agreement by the Board of Directors must be in writing.

I understand that if I am offered a job, I may be required to undergo physical examinations prior to being hired. Such physical examinations may include drug screening tests to determine whether I have been or am using illegal drugs, controlled substances or prescribed medications. I understand that initial and continued employment are contingent upon the successful completion of such examinations, but that successful completion does not guarantee initial or continued employment. I will inform GSSUD or the designated medical provider of any prescription drugs that I am currently taking. I agree to submit to such physical examination and to have the results released to the appropriate GSSUD officials. I hereby release GSSUD and its officers, agents and employees from any liability that may arise from such physical examinations or the use or disclosure of the results.

I certify that all statements made by me on this application as well as in employment interviews are true and complete to the best of my knowledge and that I have withheld nothing. Furthermore, I understand that any pertinent omission or misrepresentation of fact may result in refusal of employment or immediate dismissal when discovered.

I hereby: (a) authorize inquiries seeking information and/or verification concerning my personal and employment history, and (b) release from liability, damage and/or responsibility of all persons, schools, corporations, governmental agencies or other organizations furnishing information and /or document, regarding my personal or employment history, and (c) authorize the release of any such information and/or documents. By signing below, I certify that I have read and understand the above statements.

Applicant Signature

Date

Date Received