

GASTONIA-SCURRY SPECIAL UTILITY DISTRICT

P.O. Box 68, 8560 Page Lane, Scurry, TX 75158 - www.gssud.com - Call 972-452-3388

An Equal Opportunity Employer

Application For Employment

Date _____ Position _____

How did you learn about this opportunity?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Website	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	_____

Name (Last, First, Middle) _____

Mailing Address _____

Physical Address _____

Daytime Phone _____ Evening Phone _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No

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.
 Yes Date _____ No

Do any of your friends or relatives work here? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony or misdemeanor within the last 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 School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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 qualifications acquired from employment or other experience.

Specialized Skills - Check skills and/or equipment operated

<input type="checkbox"/> Computer	<input type="checkbox"/> CDL	<input type="checkbox"/> Class 'B' Distribution License
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Class 'C' Distribution License
<input type="checkbox"/> Word Processing	<input type="checkbox"/> CSI Certification	
<input type="checkbox"/> Strokes Per Minute		

State any additional information you feel may be helpful to us in considering your application.

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Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.
Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

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