ORANGEFIELD WATER SUPPLY CORPORATION APPLICATION FOR EMPLOYMENT

Please Print or Type

P.O. BOX 398 9913 FM 105 Orangefield, TX 77639 409-735-9422

- Incomplete Applications will be rejected
 This application will not be retained in the active files beyond 6 months

•							
Date of Ap				of App	lication		
Name: Last	First Midd	Idle Note any oth Education			ny othe ion	er Name used during previous Employment /	
Address: No. and Street	***		State Age if Under 18			Social Security Number	
City	State	Zip	Code	Home Phone No.			
Position Applied For: Minimum			ım Salary I	Salary Requirement Business Phone No			
Will you accept ☐ yes Part-Time Work?	☐ No Will you accept Temporary Employe		□ yes	□ No	Will yo	u work a	
	Ski	lls an	d Abili	ities			
Indicate the number of years or months you h following capabilities:	ave performed in each of the	List e	quipment you operate which may qualify you for the position you are applying for ors, trucks, power tools, operating equipment, computers, etc:				
SUPERVISOR							
PROFFESSIONAL			• 3				
CLERICAL WORKER							
METER READER Lis			ther skills and	l abilities	which m	ay be applicable to the position you are applying for:	
LABORER							
OTHER (Specify)							
EMPLOYMENT RECORD							
List Below All Present And Past Employment Beginning With You Most Recent							
May We Check with your present Employer?	□ yes	□ No					
Dates of Employment	ro:	Rent 2 Vo	Reason	for Lea	ving:		
Employer:	Supervisor:		Your Po	osition o	or Title	:	
Street Address:			Describ	e Your	Duties		
City State	Zip Cod	le					
Telephone No.:	Last Wages or Salaries:		7				

EMPLOYMENT RECORD CONTINUED				
Dates of Employment FROM:	TO:	Reason for Leaving:		
Employer:	Supervisor:	Your Position or Title:		
Street Address		Describe Your Duties:		
City Stat	e Zip Code	1		
Telephone No.:	Last Wages or Salaries:			

Dates of Employment FROM:	ro:	Reason for Leaving:		
Employer:	Supervisor:	Your Position or Title:		
Street Address		Describe Your Duties:		
City State	Zip Code			
Telephone No.:	Last Wages or Salaries:	a a constant of the constant o		
******************	• • • • • • • • • • • • • • • • • • • •	•		
Dates of Employment FROM: 1	·O:	Reason for Leaving:		
Employer:	Supervisor:	Your Position or Title:		
Street Address		Describe Your Duties:		
City State	Zip Code			
Telephone No.:	Last Wages or Salaries:			
3	************			
Dates of Employment TO:		Reason for Leaving:		
Employer:	Supervisor:	Your Position or Title:		
treet Address		Describe Your Duties:		
ity State [©]	Zip Code			
elephone No.:	Last Wages or Salaries:			

Driving and Conviction Record					
DRIVERS LICENSE No.	STATE	EXPIRATION DATE	Check The Type of License Which You Hold: CLASS C-Operator A-CDL B-CDL C-CDL		
Have you been issued a citation Traffic violations within the page		ng □ YES □ NO	If YES please complete the following:		
CHARGE:		DATE:	LOCATION:		
CHARGE:		DATE:	LOCATION:		
CHARGE:		DATE:	LOCATION:		
CHARGE:		DATE:	LOCATION:		
			Felony Conviction (s)		
WHEN					
WHERE					
CHARGE					
Results of Charge					
tion of law committed before	re your 17th bi	inthday, if the final decision	ges or convictions. Do not include : 1) any violation was made in juvenile court or under a youth Federal or State Law; 3) traffic violations, except		
Do you have any criminal c	harges current	ly pending? Yes	□ No If yes, please explain:		
Are you on probation (adju	dicated or una	djudicated?	□ No If yes, please explain:		
Have you ever forfeited colplease explain:	lateral as a res	ult of being charged with	n a criminal act ?		

APPLICANT'S AUTHORIZATION AND INDEMNITY FOR ORANGEFIELD WATER SUPPLY CORPORATION TO DO BACKGROUND AND CRIMINAL INVESTIGATION

	ment with Orangefield Water Supply
Corporation. I understand that in order to evaluate my appli	cation for employment a Criminal and/
or background investigation may be necessary. The Informa	tion obtained from these investigations
will be used solely in processing my application for employr	ment and will become part of said appli-
cation and, except as authorized by law, will not be released	to anyone other than OWSC Officers or
employees.	

By affixing my signature and providing the information requested below, I affirm that I have read and understand this document in it's entirety and agree to indemnify

NAME:		
SS#		

EDUCATION COMPLETED

LEVEL	SCHOOL NAME	CITY, STATE	# YRS	DIPLOMA/	DATE	MAJOR	
GED							
HIGH SCHOOL							
COLLEGE							
GRAD SCHOOL							
OTHER							
COURSES N	COURSES NOW STUDYING:						
OTHER TRANING RECEIVED:							
•							
Date of BIRTH/PLACE OF BIRTH (STATE)(Note: The date and place of birth is required to establish that the applicant is at least 18 years old and to help establish identity in conducting a criminal background investigation)							
Can you be legally employed in the United States? YES NO. If yes, which of the following applies to you?							
☐ Citizen or National of the U.S.?							
□ Alien lawfully admitted for permanent residence							

References: List three persons who are not related to you and who have a knowledge of your qualifications for the position (s) for which you are applying, such as former workers, teachers, etc. Do not repeat names of supervisors listed under Employment. Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Personal References Name Address Telephone# Business/Occupation				
Address Telephone# Business/Occupation Personal References Name Address Telephone# Business/Occupation Personal References Name Address Telephone# Business/Occupation Telephone# Business/Occupation Personal References Name Address Telephone# Business/Occupation Telephone# Business/Occupation Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation		Professional Referen	ces	
Name Address Telephone# Business/Occupation Personal References Name Address Telephone# Business/Occupation	References: List three persons who are no are applying, such as former	ot related to you and who have a knowledge or workers, teachers, etc. Do not repeat name	of your qualifications for s of supervisors listed und	the position (s) for which you der Employment.
Name Address Personal References Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation	Name	Address	Telephone#	Business/Occupation
Personal References Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation IMPORTANT— CONDITIONS OF EMPLOYEMENT—PLEASE READ CAREFULLY BEFORE SIGNING	Name	Address	Telephone#	Business/Occupation
Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation HMPORTANT- CONDITIONS OF EMPLOYEMENT - PLEASE READ CAREFULLY BEFORE SIGNING	Name	Address	Telephone#	Business/Occupation
Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation HMPORTANT- CONDITIONS OF EMPLOYEMENT - PLEASE READ CAREFULLY BEFORE SIGNING				
Name Address Telephone# Business/Occupation Name Address Telephone# Business/Occupation IMPORTANT— CONDITIONS OF EMPLOYEMENT - PLEASE READ CAREFULLY BEFORE SIGNING		Personal Reference	es	
Name Address Telephone# Business/Occupation . IMPORTANT- CONDITIONS OF EMPLOYEMENT - PLEASE READ CAREFULLY BEFORE SIGNING	Name	Address	Telephone#	Business/Occupation
IMPORTANT– CONDITIONS OF EMPLOYEMENT - PLEASE READ CAREFULLY BEFORE SIGNING	Name	Address	Telephone#	Business/Occupation
	Name	Address	Telephone#	Business/Occupation
of the above statements be found false or inaccurate regardless of the time that lapses before such false information is discovered. I hereby agree to submit medical examinations (such examinations to include a drug screen) both as a condition of employment and as a condition of continued employment, to furnish proof of age and right to work in the U.S. (Birth Certificate, Visa etc) I understand that an investigative report may be made and hereby agree to authorize all persons, schools, companies, consumer reporting agencies and other organizations to supply any accurate information concerning my background. I further understand that I have a right to disclosure of such information reported, as provided by law. I understand and accept the conditions in this statement. AT WILL EMPLOYMENT DISCLOSURE STATEMENT 'I understand that my employment and compensation with Orangefield Water Supply Corporation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the General Manager or myself.	I certify that my answers to the above are of the above statements be found false or agree to submit medical examinations (su of continued employment, to furnish proof understand that an investigative report magencies and other organizations to supplidisclosure of such information reported, a AT WILL Eff understand that my employment and continued above.	true and recognize that my future employm inaccurate regardless of the time that lapses ich examinations to include a drug screen) but of of age and right to work in the U.S. (Birth may be made and hereby agree to authorize a y any accurate information concerning my bus provided by law. I understand and accept a MPLOYMENT DISCLOS ompensation with Orangefield Water Supply	ent is subject to termina before such false inform both as a condition of en Certificate, Visa etc) all persons, schools, compackground. I further un the conditions in this state URE STATEM of Corporation can be terminated to the compact of the conditions of the conditions in the state of the conditions of the compact of the conditions of the condit	tion without notice should any nation is discovered. I hereby apployment and as a condition apanies, consumer reporting derstand that I have a right to atement.

SIGNATURE OF APPLICANT

DATE

Job Description

Job Title: Laborer

Reports to: Field Supervisor

- Reads and records meter readings according to established procedures
- Assists in repair of water leaks as needed
- Assists in meter lock outs, change outs, and rereads
- Assists in installing new water taps and new lines as needed
- Assists in flushing water lines according to established procedures
- Other duties as assigned

Must be able to pass a criminal background check, drug screen, and physical and have a clean driving record.