

For Office Use Only
Was this person interviewed: Yes ___ No ___
Was this person hired: Yes ___ No ___
DLL ___ Drug ___ Background ___
Physical Scheduled _____

APPLICATION FOR EMPLOYMENT ANGELO WATER SERVICE CO.

San Angelo, Texas (Hereinto referred to as "the Company")

DATE: _____

Name: _____ Phone Number: _____

Resumes will not be accepted in lieu of a completed Application Form. This application is to be completed in its entirety. That means that there will be **NO BLANK SPACES**. If a question or section does not apply to you or the job you are applying for write in the area/section "**not applicable**" or "**N/A**" so that we will understand your answer. If you leave any spaces/sections blank, the application will be incomplete and invalid. We do not accept incomplete applications.

Reasonable Accommodation Needs: If you need any reasonable accommodations to complete this Application Form or other elements of the application process, please let us know. We will attempt to assist you in applying for a job with our Company.

Employment-At-Will: I understand that my employment will be at will and may be terminated by the Company or me at any time for any cause or no cause. I understand that all benefits, programs, rules and policies of the Company are subject to exceptions or change at will at any time as decided by the Company.

Equal Employment Opportunity Employer: We believe firmly in providing equal employment opportunities to those who apply for a job with us. We will not discriminate in recruitment, processing applications, interviews, hiring, promotions. We will not discriminate on the basis of: race, color, sex, gender, age, national origin, ancestry, marital status, veteran status, parenthood, or physical and mental disability disclosed to us (with or without reasonable accommodation).

Drug Testing and Physical Examinations: I understand that if I am offered a bona fide conditional job offer, Angelo Water Service Company and its agents or independent contractors, will require appropriate tests or examinations on me for alcohol, illegal drugs, and/or a physical examination for any occupational qualification that is pertinent to the job duties. The results of these tests or examinations are to be released to Angelo Water Service Company for whatever use it deems fair and appropriate under the circumstances. INITIALS: _____

Searches and Inspections: I agree that Angelo Water Service Company and subsidiaries may conduct reasonable inspections of any lockers, desks, hardware, software or other Company property I may be using, and of any of my own property I bring onto the Company's premises (Including vehicles, packages and purses) at any time. I waive and promise not to make any claims against the Company (or its employees, directors, owners or agents) relating to such inspection. INITIALS: _____

Monitoring Activity : I understand that the Company may monitor some employee activities. Among these are communications and travel in company vehicles. Various company owned vehicles contain G.P.S. tracking systems and use of communication devices that may be monitored include telephones, fax machines, computers, e-mails, web pages, cell phones and pagers. INITIALS: _____

Authorization and Waiver: I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services, which have information about me, to give the Company and subsidiaries, any and all information and opinions about me in their possession that may lawfully be disclosed. Under Section 145.001, et. Seq. Tex. Civ. Pract. & Remedies Code; the Company is required to obtain from the Dept. of Public Safety, or a private vendor approved by that Department, a criminal history from the past twenty years. The search is for felony and misdemeanor information in Texas and other jurisdictions. The Company will also conduct driving records checks on persons driving vehicles in the course and scope of their employment. An initial pre-employment check of and maintaining a driving record that allows the employee to remain insurable is a condition to obtaining and maintaining employment.

I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to subsidiaries any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

I understand that an offer of employment and continued employment with the Company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

INITIALS: _____

Agreement: I understand the terms and statements above and agree to them. Also, I am aware that completion of the Application Form does not in itself mean I will interviewed for a position or be given a job offer. By signing below, I acknowledge my acceptance of the statements and conditions of employment Angelo Water Service Company.

Truth/Accuracy/Completeness: I certify that the facts contained in this application are true and complete. I understand that any false statement(s) in this application shall be the basis for my rejection or dismissal from employment.

Date

Signature of Applicant

EDUCATIONAL BACKGROUND

Institution	Address	Degree/Certification Received	Completed Training
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___

AVAILABILITY

Our business hours are 8 to 5:30 Monday – Friday and 9 to 12 on Saturday. If you are applying for a part time position please indicate the days and hours that you are available to be scheduled

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

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. Use another sheet of paper if necessary.

Job Title: _____	Dates: From _____ To _____
Company: _____	Address: _____
Supervisor: _____	Telephone: _____
Pay : Starting _____ End _____	Reason for leaving: _____
Final Pay: _____	Work performed: _____

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Company: _____	Address: _____
Supervisor: _____	Telephone: _____
Pay : Starting _____ End _____	Reason for leaving: _____
Final Pay: _____	Work performed: _____

Job Applying For: _____ Expected Salary: _____

Truth Statement:
 I promise the statements above are true, correct and complete. I have not omitted information or committed any errors or false statements. I understand that if the statements are NOT true, correct and complete, I can be refused employment, or terminated later.

 Date

 Signature