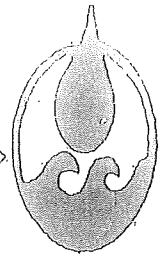




# QUAIL CREEK M.U.D.

A RELIABLE SOURCE



515 Chukar Drive · Victoria, Texas 77905-4404 · (361)-572-0810 · FAX (361)-572-3993

NAME (Last) (First) (Middle)	Social Security No.
MAILING ADDRESS (Current) (Street) (City) (State) (Zip)	AC (Daytime Phone)
E-MAIL ADDRESS	AC (Work Phone, Optional)

List any other names used if different from name given on this application. \_\_\_\_\_

List exact title of position or type of work and location for which you wish to apply: \_\_\_\_\_

Full-Time  Part-Time  Summer  Temp/Project  Date available for work \_\_\_\_\_

Are you willing to work hours other than 8-5? Yes  No  What days are you unable to work? \_\_\_\_\_

Are you willing to Travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Driver's License (if required for position) \_\_\_\_\_ State / Number Commercial Driver's License Yes  No

Are you at least 17 years of age? Yes  No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes  No

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes  No

Type of School	Name and Location of School	Date Attended				Sem / Hours Completed	Date Graduated	Expected Graduation Date	Type of Diploma or Degree	Major / Field of Study
		From		To						
		Mo	Yr	Mo	Yr					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION	Date Issued	Date Expires	Issued by/Location of Issuing Authority (State or other authority), (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes  No  Are you a certified interpreter? Yes  No

Do you speak a language other than English? (If required for this position) Yes  No

If yes, what language(s) do you speak? \_\_\_\_\_ How fluently? Fair  Good  Excellent

Do you write in a language other than English? (If required for this position) Yes  No

If yes, what language(s)? \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED: SIGN HERE >** \_\_\_\_\_

Signature - Applicant

\_\_\_\_\_ Date

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as the application form.

Name \_\_\_\_\_  
Last
First
Middle
Social Security Number

Position Title						Immediate Supervisor			Full-Time	
									Part-Time	
Employer:						Name			Summer	
									Temp/Project	
Mailing Address:						Title			Give average number of hours worked per-week if part-time	
Employer's Telephone No. AC						AC				
Starting Date			Leaving Date			Current/	Technical			
Mo	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial			
							Supervisory/Managerial	If supervisory, number of employees you supervised		

Summary of experience:

Specific reason for leaving:

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										Part-Time		
Employer:							Name			Summer		
										Temp/Project		
Mailing Address:							Title			Give average number		
										of hours worked per-		
City and State/Zip:							Supervisor's Telephone No.			AC		
										If supervisory, number of employees		
Employer's Telephone No. AC							AC			week if part-time		
										you supervised		
Starting Date			Leaving Date			Current/ Final Salary	Technical					
Mo	Day	Yr	Mo	Day	Yr		Non-managerial					
						Supervisory/Managerial						

Summary of experience:

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Position Title Employer: Mailing Address: City and State/Zip: Employer's Telephone No. AC							Immediate Supervisor			Full-Time	
										Part-Time	
							Name Title			Summer	
										Temp/Project	
Starting Date		Leaving Date		Current/ Final Salary	Technical		Supervisor's Telephone No. AC		Give average number of hours worked per- week if part-time		
Mo	Day	Yr	Mo		Day	Yr	Non-managerial				
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Employer:						Name		Summer	
Mailing Address:								Title	
City and State/Zip:						Supervisor's Telephone No.		Give average number of hours worked per-week if part-time	
Employer's Telephone No. AC									
Starting Date			Leaving Date			Current/ Final Salary	Technical	AC	
Mo	Day	Yr	Mo	Day	Yr		Non-managerial		
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Summary of experience:

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