West Gregg Special Utility District

P.O. Box 1196 Kilgore, TX. 75663 903-983-1816, Fax 903-984-0707

Employment Application

			Applican	t Informa	tion									
Full Name:								Date:						
Address:	Last			First			M.I.							
Addiess.	Street Address					Apartment/Unit #								
	City					Sta	ate	ZIP (Code					
Phone: ()						ss:							
Date Availab	ole:	Social Securit	Security No.:			Desired Salary: \$								
Position App	olied for:	,	(FO 110						\/ T 0					
Are you a citizen of the United States? YES NO If no, are you author						thorized to v	work in	the U.S.?	YES	NO				
Have you ever worked for this company? YES NO If yes, when?														
Have you ev	er been convicted		YES NO											
If yes, explai	in:													
			Edu	ucation										
High School	:		Address											
From:	To:	Did yo	ou graduate	YES	NO	Degree:								
College:			Address	s:										
From:	To:	Did yo	ou graduate	YES	NO	Degree:								
Other:			Address	: :										
From:	To:	Did yo	ou graduate	YES	NO	Degree:								
			Ref	erences										
Please list t	hree professiona	l references.												
Full Name:				Relations	ship:									
Company:						Phone:	()						
Address:														
Full Name:				Relations	ship:									
Company:						Phone:	()						
Address:														
Full Name:				Relations	ship:									
Company:						Phone:	()						
Address:														

Previous Employment										
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endir	ng Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your p	revious supervisor for a		NO							
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endir	ng Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your p	revious supervisor for a	a reference?		NO						
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endir	ng Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your p	revious supervisor for a	a reference?		NO						
Military Service										
Branch:				From:		To:				
Rank at Discharge:	rpe of Discharge:									
If other than honorable, explain:										
		Disclaimer and Si	gna	ture						
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview										
may result in my release. I certify that I do not have any detectable amounts of prohibited substances in my system at the time of taking my preemployment drug screen. I understand that if my drug screen turns out positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination.										
Signature: Date:										