ROCKETT SPECIAL UTILITY DISTRICT PO Box 40, Red Oak, Texas 75154 126 Alton Adams Dr. Waxahachie, Texas Fax: (972) 617-0030 Tel: (972) 617-3524

AP

APPLICATION	FOR EMPLOYMENT	Date of Application:				
applicable, enter "N Opportunity Employ or the provision of	NK OR TYPE. These instructions IA." Do not leave questions yer and does not discriminate services. You may make to accepted in lieu of application to disclosure.	blank. Be sure to sign we on the basis of race, coloopies of this application	hen completed or, national or to apply for di	d. The Rocke igin, sex, religi ifferent positio	tt Special Util on, age or dis ns but each	ity District is an Equal sability in employment copy must be signed.
Name:			Socia	I Security No:		
L	ast First	Middle				
Address:	treet Cit	01-1-	<u>Zip</u>	Tel:		
	treet Cit	•	•	iver's License	(State)	(Number)
List any other name	es used if different from nam	e on this application:		<u> </u>		
Position you are a	applying for:					
Referral Source:	Advertisement Friend _	Relative Walk-i	n Other:			
Are you at least 17	years of age? Yes No	o If hired, can you	submit proof o	of age? Yes _	No	
Have you previous	ly applied for a position with	Rockett SUD before? Ye	s No	_ If yes, give	date(s):	
Are you employed	now? Yes No N	May we contact your curre	nt employer?	Yes No		
Are you prevented (Proof of citizenship or in	from lawfully becoming emp	oloyed in the United States on employment.)	because of V	isa or Immigra	ation status?	Yes No
Are you available t	o work? Full Time Par	t Time Temp/Projec	t Date	available to b	egin work:	
Are you willing to w	ork hours other than 7:30 - 4	4:30? Yes No	What days	are you unab	le to work? _	
Do you speak othe	r languages? Yes No _	If Yes, please list				
If your answer is "\	en convicted of a felony or mi 'es," explain in concise detaint, and the disposition of the	I on a separate sheet of p	aper, giving th	ne dates and r	ature of the c	offense, the name and
EDUCATION (NC Indicate Highest G	TE: Applicants may be requirade Completed: 1 2 3 4 5 6	ired to provide proof of d 7 8 9 10 11 12 Did you	iplomas, trans graduate from	cripts, license high school o	s, certification r receive GEI	ns, and registrations.) D? Yes No
Type of School	Name and Location of Sci	Dates Attended (Mo/Yr)	Date Graduated	Hours Completed	Type of Degree	Fields of Study
High School					_	
Undergraduate Colleges or Universities						
Graduate School						
Technical or						

Vocational Schools

If a license, certificate, or o	ther authorization	on is required or re	lated to the position for which	you are applying	, complete the following:				
LICENSE/CERTIFICATION	Date Issued	Date Expires	Name of Issuing Authorit	y & State	License/Certificate No.				
EMPLOYMENT EXPERIEN	ICE. Start v	vith your present o	or last job, include Military Serv	ice assignments	:				
Employer:			Tel:	From	mTo				
Employer Address:									
Job Title:		Supervisor:		Hourly	Rate/Salary:				
Job Responsibilities:									
Reason for Leaving:			C115 11		-10				
Employer:				Froi	mTo				
Employer Address:									
Job Title:		Supervisor:		Hourly	Rate/Salary:				
Job Responsibilities:									
Reason for Leaving:									
Employer:			Tel:	Froi	mTo				
				Hourly	Rate/Salary:				
Reason for Leaving:									
If you need additional space	e, please contin	ue on a separate :	sheet of paper.						
			TATEMENTS CAREFULLY AI ANCE BY SIGNING IN THE S						
			nection with my application, w fication, or omission of informa						
2. I understand that as a	condition of emp	oloyment, I will be	required to provide legal proof	of authorization	to work in the U.S.				
	I authorize Rockett SUD to thoroughly investigate my references, personal history, work record and other matters related to my suitability for employment. I also release Rockett SUD from any and all claims related to such investigation.								
previous employment,	education, or ar	ny other informatio	ced in this application to give n they might have, personal or s from all liability from any dan	otherwise, with	regard to any of the subjects				
5. I understand and agree	that if hired my	employment is fo	r no definite period and may be	e terminated at a	ny time without prior notice.				
Applicant's Signature:			Date:						

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Applicant Initials:_____