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

APPLICATION FOR EMPLOYMENT

Date of Application:_____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The Rockett Special Utility District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application to apply for different positions but each copy must be signed. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

Name:_____ Social Security No: _____- _____- _____
Last First Middle

Address:_____ Tel:_____
Street City State Zip

E-mail address:_____ Driver's License:_____
(State) (Number)

List any other names used if different from name on this application:_____

Position you are applying for:

Referral Source: Advertisement ___ Friend ___ Relative ___ Walk-in ___ Other:_____

Are you at least 17 years of age? Yes ___ No ___ If hired, can you submit proof of age? Yes ___ No ___

Have you previously applied for a position with Rockett SUD before? Yes ___ No ___ If yes, give date(s):_____

Are you employed now? Yes ___ No ___ May we contact your current employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status? Yes ___ No ___
(Proof of citizenship or immigration status will be required upon employment.)

Are you available to work? Full Time ___ Part Time ___ Temp/Project ___ Date available to begin work:_____

Are you willing to work hours other than 7:30 - 4:30? Yes ___ No ___ What days are you unable to work? _____

Do you speak other languages? Yes ___ No ___ If Yes, please list _____

_____

EDUCATION (NOTE: Applicants may be required to provide proof of diplomas, transcripts, licenses, certifications, and registrations.)
Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes ___ No ___

Type of School	Name and Location of School	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						

Applicant Initials:_____

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	Name of Issuing Authority & State	License/Certificate No.

EMPLOYMENT EXPERIENCE. Start with your present or last job, include Military Service assignments:

Employer:_____ Tel:_____ From _____To _____

Employer Address:_____

Job Title:_____ Supervisor:_____ Hourly Rate/Salary:_____

Job Responsibilities:_____

Reason for Leaving:_____

Employer:_____ Tel:_____ From _____To _____

Employer Address:_____

Job Title:_____ Supervisor:_____ Hourly Rate/Salary:_____

Job Responsibilities:_____

Reason for Leaving:_____

Employer:_____ Tel:_____ From _____To _____

Employer Address:_____

Job Title:_____ Supervisor:_____ Hourly Rate/Salary:_____

Job Responsibilities:_____

Reason for Leaving:_____

If you need additional space, please continue on a separate sheet of paper.

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

1. 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 I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that employment is contingent upon providing legal proof of authorization to work in the United States and successfully completing any required post offer background check and drug screening.
3. 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.
4. 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.
5. I understand and agree that if hired my employment is for no definite period and may be terminated at any time without prior notice.

Applicant's Signature:_____ Date:_____

Applicant Initials:_____