



**MUSTANG VALLEY WATER
SUPPLY CORPORATION**

PO Box 6, Cranfills Gap, TX 76637 • 254-597-2445 • www.mustangvalleywater.org

Mustang Valley WSC 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.

Employment Application

Instructions: Fill out the application form completely. If questions are not applicable enter "N/A". Do not leave any questions blanks. Be sure to sign the application.

Send your completed application by mail to MVWSC or email to Karen@mustangvalleywater.org.

NAME

(Last) (First) (Middle)

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

RESIDENCE ADDRESS _____

(Street) (City) (State) (Zip)

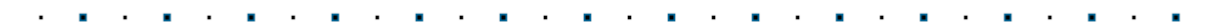
MAILING ADDRESS (if different from above)

Phone #1 () _____ Phone #2 () _____

Email Address _____

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

If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.



EDUCATION

Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.

High School Graduate or GED? Yes _____ No _____ If yes, name and location of high school or GED.

Institute: _____

TYPE OF SCHOOL (undergraduate college, graduate school, tech/voc school)	NAME/LOCATION	DATES ATTENDED	DATE GRADUATED	TYPE OF DIPLOMA OR DEGREE	MAJOR/MINOR FIELDS OF STUDY

LICENSE/CERTIFICATION	DATE ISSUED	DATE EXPIRES	ISSUED BY/LOCATION OF ISSUING AUTHORITY	LICENSE NO.

SPECIAL TRAINING/SKILLS/QUALIFICATIONS: List all job related training or skills you possess and machine 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.)



EMPLOYMENT HISTORY

Include all employment. Begin with your current or last position and work back to your first. Employer addresses must be complete mailing addresses, including zip code. This includes each position held, even those with the same employer. Attach additional pages if necessary.

Position Title: _____ Employer: _____ Mailing Address: _____ City/State/ZIP _____ Employer's phone no. () _____ Immediate Supervisor Name: _____ Title: _____ Supervisor's phone no. () _____	Starting Date: _____ Leaving Date: _____ Current/Final Salary: _____	Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____
Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> If so, number of employees you supervised _____		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

.....

Position Title: _____ Employer: _____ Mailing Address: _____ City/State/ZIP _____ Employer's phone no. () _____ Immediate Supervisor Name: _____ Title: _____ Supervisor's phone no. () _____	Starting Date: _____ Leaving Date: _____ Current/Final Salary: _____	Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____
Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> If so, number of employees you supervised _____		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

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

1. I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment, or if discovered after I am hired, may be grounds for my immediate dismissal. I certify that any additional information that I have attached to this application is considered a part of this application.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that all such information is subject to verification by Mustang Valley WSC (MVWSC) and hereby give my consent to MVWSC to investigate my background and qualifications using any means, sources and outside investigators at its disposal.
4. I agree to undergo any type of drug and/or alcohol testing that MVWSC may require at any time.
5. I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or MVWSC may terminate my employment at any time, with or without notice or reason.

THIS APPLICATION MUST BE SIGNED:

Signature of Applicant

Date

Driver's License Number

Social Security Number

Date of Birth

Mail to:
Mustang Valley Water
PO Box 6
Cranfills Gap, TX 76637

Or Email to: Karen@mustangvalleywater.org