



# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)  
AN EQUAL OPPORTUNITY EMPLOYER

TITLE OF POSITION APPLYING FOR: \_\_\_\_\_

**PERSONAL INFORMATION** \_\_\_\_\_ Date \_\_\_\_\_

**NAME** \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
Last First Middle State \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_  
Street/P.O. Box City State Zip

**MAILING ADDRESS** \_\_\_\_\_  
Street/P.O. Box City State Zip

**TELEPHONE NO(S).** \_\_\_\_\_ **Are You 18 Years or Older?** Yes \_\_\_\_ No \_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes \_\_\_\_ No \_\_\_\_

DO YOU HAVE ANY RELATIVES BY BLOOD OR MARRIAGE WHO ARE CURRENTLY EMPLOYED BY TRINITY PUBLIC UTILITIES DISTRICT? Yes \_\_\_\_ No \_\_\_\_  
Name \_\_\_\_\_ Department \_\_\_\_\_

HAVE YOU EVER WORKED FOR TRINITY PUBLIC UTILITIES DISTRICT BEFORE? Yes \_\_\_\_ No \_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	GPA	DID YOU GRADUATE?	SUBJECTS STUDIED/ DEGREE RECEIVED
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL					

## TRAINING

VOCATIONAL SCHOOLS, SPECIAL TRAINING, LANGUAGES, CERTIFICATES OR LICENSES: (Include date(s) issued and expiration date(s)) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL**

LIST ANY MACHINES, EQUIPMENT OR VEHICLES YOU ARE PROFICIENT AT OPERATING: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS  
U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_**FORMER EMPLOYERS (list below last three employers, starting with last one first)**

EMPLOYER	ADDRESS	POSITION HELD	EMPLOYED (State Month & Year FROM
NAME OF SUPERVISOR	MAY WE CONTACT YES ____ NO ____	PHONE (    )	TO
DUTIES:			FULL TIME YES ____ NO ____
			REASON FOR LEAVING:

EMPLOYER	ADDRESS	POSITION HELD	EMPLOYED (State Month & Year FROM
NAME OF SUPERVISOR	MAY WE CONTACT YES ____ NO ____	PHONE (    )	TO
DUTIES:			FULL TIME YES ____ NO ____
			REASON FOR LEAVING:

EMPLOYER	ADDRESS	POSITION HELD	EMPLOYED (State Month & Year FROM
NAME OF SUPERVISOR	MAY WE CONTACT YES ____ NO ____	PHONE (    )	TO
DUTIES:			FULL TIME YES ____ NO ____
			REASON FOR LEAVING:

Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last 10 years? YES \_\_\_\_ NO \_\_\_\_ . If yes, give name(s) and address(es) of employers, reason(s) for each release, and dates of employment. (A YES is not automatic bar from employment. Each case will be considered on its own merit.)

ADDITIONAL INFORMATION OR CLARIFICATION: \_\_\_\_\_

ARE THERE ANY TASKS ASSOCIATED WITH THIS POSITION YOU WILL NOT BE ABLE TO PERFORM? YES \_\_\_\_ NO \_\_\_\_ If yes, please explain: