



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:

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 _____