



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)
AN EQUAL OPPORTUNITY EMPLOYER

TITLE OF POSITION APPLYING FOR: _____

PERSONAL INFORMATION _____ Date _____

NAME _____ Last First Middle Drivers License No. _____
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 _____