Canyon Regional Water Authority APPLICATION FOR EMPLOYMENT

LAST NAME:	MI: FIRST NAME:	
SOCIAL SECURITY NUMBER:		
TX DRIVER'S LICENSE NUMBER:	CLASS:	
CURRENT ADDRESS:		
CITY, STATE & ZIP:		
PHONE: () CELL PH	HONE: () EMAIL:	-
EMPLOYMENT HISTORY		
CURRENT EMPLOYER:	PHONE:	
ADDRESS, CITY, STATE & ZIP:		
JOB TITLE:	SUPERVISOR'S NAME:	
SALARY: \$ PER	EMPLOYED FROM:TO:	_
BRIEF DESCRIPTION OF DUTIES A	AND RESPONSIBILITIES OF JOB:	
REASON FOR DEPARTURE:	ZEDO N. N.	
MAY WE CONTACT THIS EMPLOY	CER? Y N	
PREVIOUS EMPLOYMENT		
NAME OF EMPLOYER:	PHONE:	
ADDRESS, CITY, STATE & ZIP:		
JOB TITLE:	SUPERVISOR'S NAME:	
SALARY: \$ PER	EMPLOYED FROM:TO:	
BRIEF DESCRIPTION OF DUTIES A	AND RESPONSIBILITIES OF JOB:	
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REASON FOR DEPARTURE:	
MAY WE CONTACT THIS EMPLOYER? Y N	
NAME OF EMPLOYER:PHONE:	
ADDRESS, CITY, STATE & ZIP:	
JOB TITLE: SUPERVISOR'S NAME:	
SALARY: \$ PER EMPLOYED FROM: TO:	
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES OF JOB:	
REASON FOR DEPARTURE:	
MAY WE CONTACT THIS EMPLOYER? Y N	
DI EL GEL A NOVIED WATER DOLL ONVENIG OFFICENTONIC	
PLEASE ANSWER THE FOLLOWING QUESTIONS:	
HAVE YOU EVER WORKED AT A SURFACE WATER PLANT BEFORE? Y N	
IF YES, PLEASE EXPLAIN WHAT TYPE OF SURFACE SYSTEM YOU HAVE EXPERIENCE WITH: PLEASE CIRCLE ALL THAT APPLY	
CLARIFIER SAND FILTER MEMBRANES PACKAGE PLANT	
DO YOU HAVE A CURRENT WATER LICENSE? Y N IF YES, WHAT CLASS? No	
WHEN ARE YOU AVAILABLE TO WORK?	
ARE YOU AVAILABLE TO WORK ANY DAY INCLUDING WEEKENDS? Y N	
ARE YOU AVAILABLE FOR SHIFT WORK? Y N	
SIGNATURE DATE	_