### photograph

### All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our members and contributing to the financial and operational success of the organization. Equal access to programs, services, and employment is available to all qualified persons and employment decisions are based solely on merit. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative. Submit completed applications in person at 401 NE Loop 304, Crockett, TX 75835 or via email to human.resources@consolidatedwsc.com

|  |  |
| --- | --- |
| **Position(s) applied for** | **Date of application** |
|  |  |
| **Print full name**  |
|  |
| **Street address** | **City** | **State** | **ZIP** |
|  |  |  |  |
| **Main phone number** | **Alt. phone number** | **Email** |
|  |  |  |

## Employment Experience

Please list the names of your present or previous employers in chronological order with the present or most recent employer listed first. Be sure to account for all periods. If self-employed, give the company name and supply business references. Attach an additional page if necessary.

|  |  |  |
| --- | --- | --- |
| **Name of employer** | **Supervisor** | **May we contact?** |
|  |  | [ ]  **Yes** [ ]  **No** |
| **Street address** |
|  |
| **Phone number** | **Dates employed (month/year)** |
|  | From  |  | To  |  |
| **Job title and duties** | **Reason for leaving** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Name of employer** | **Supervisor** | **May we contact?** |
|  |  | [ ]  **Yes** [ ]  **No** |
| **Street Address** |
|  |
| **Phone Number** | **Dates employed (month/year)** |
|  | From  |  | To  |  |
| **Job title and duties** | **Reason for leaving** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Name of employer** | **Supervisor** | **May we contact?** |
|  |  | [ ]  **Yes** [ ]  **No** |
| **Street Address** |
|  |
| **Phone Number** | **Dates employed (month/year)** |
|  | From  |  | To  |  |
| **Job title and duties** | **Reason for leaving** |
|  |  |

Have you ever been involuntarily terminated or asked to resign from any job? [ ]  **Yes** [ ]  **No**

If **yes**, please explain.

|  |
| --- |
|  |

Please explain any gaps in your employment history.

|  |
| --- |
|  |

Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

|  |
| --- |
|  |

## Education

Please describe your educational background in the table provided below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **School name** | **Diploma/degree (Yes/No)** | **Area of study/Major** | **Specialized training, skills, or extracurricular activities** |
| **High school** |  |  |  |  |
| **College/university** |  |  |  |  |
| **Other** |  |  |  |  |

## TCEQ Occupational Licensure

Please list any active occupational licenses in the table provided below.

|  |  |  |
| --- | --- | --- |
|  | **Class** | **Tract** |
| **Water Operations** | [ ]  **D** [ ]  **C** [ ]  **B** [ ]  **A** | [ ]  **GW** [ ]  **DIST** [ ]  **SW** |
| **Wastewater Operations** | [ ]  **D** [ ]  **C** [ ]  **B** [ ]  **A** |  |
| **Other**:  | Please describe:  |

## Business and Professional References

Please list three professional references of individuals who are *not* related to you.

|  |  |  |
| --- | --- | --- |
| **Name and title** | **Relationship** | **Phone number or email** |
|  |  |  |
|  |  |  |
|  |  |  |

## Personal References

Please list three people who know you well.

|  |  |  |
| --- | --- | --- |
| **Name and title** | **Relationship** | **Phone number or email** |
|  |  |  |
|  |  |  |
|  |  |  |

## General Information

1. Have you ever used another name? [ ]  **Yes** [ ]  **No**
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? [ ]  **Yes** [ ]  **No**

If **yes** to either of the above, please explain:

|  |
| --- |
|  |

1. Have you ever been convicted of a crime of moral turpitude such as fraud, theft, perjury, a sexually violent offense, homicide, or any other offense that may prevent licensure by the Texas Commission on Environmental Quality? [ ]  **Yes** [ ]  **No** (See [https://www.tceq.texas.gov/downloads/licensing /occupational/publications/rg-521.pdf](https://www.tceq.texas.gov/downloads/licensing%20/occupational/publications/rg-521.pdf) for more information.)

If **yes**, please provide details below, including the nature of the offense, the date of conviction, and the jurisdiction where the conviction occurred. **Note:** a conviction will not necessarily disqualify you from employment. Each case will be considered based on its own merits and in accordance with applicable laws.

|  |
| --- |
|  |

1. Have you worked for Consolidated WSC before? [ ]  **Yes** [ ]  **No**

|  |
| --- |
|  |

If yes, please provide dates and position:

1. Do you have relatives working for Consolidated WSC or serving on the Board of Directors? You can find our list of board directors at [www.consolidatedwsc.com/board-members](http://www.consolidatedwsc.com/board-members) [ ]  **Yes** [ ]  **No**

|  |
| --- |
|  |

If **yes**, name(s) and relationship(s):

|  |
| --- |
|  |

1. On what date are you available to begin work?

|  |
| --- |
|  |

1. What is your desired pay per hour?
2. Days/hours available to work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

1. Are you available to work? [ ]  **Full time** [ ]  **Part time** [ ]  **On-call/After-hours**
2. If hired, would you have a reliable means of transportation to and from work? [ ]  **Yes** [ ]  **No**
3. Can you travel if the position requires it? [ ]  **Yes** [ ]  **No**
4. Are you at least 21 years old? [ ]  **Yes** [ ]  **No**

**Note:** If under 21, employment is subject to verification that you are of minimum legal age to work and of minimum age for coverage by the Consolidated WSC insurance underwriter.

1. If hired, can you present evidence of your identity and legal right to work in this country?

[ ]  **Yes** [ ]  **No**

1. Are you able to perform the essential job functions of the job for which you are applying, with or without reasonable accommodation? [ ]  **Yes** [ ]  **No**

**Note:** We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

## Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

 I authorize Consolidated WSC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Consolidated WSC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

 In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.

 If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

 I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

 I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

 I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

\_\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to the above terms.

**Signature:**

**Name (print):**

**Date:**