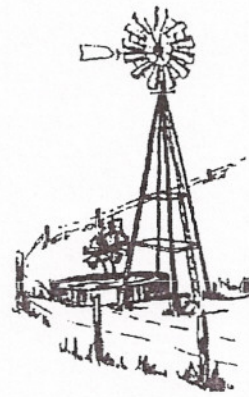


S.S. WATER SUPPLY CORPORATION

Application for Employment

PLEASE PRINT CLEARLY



Name: _____ DATE: _____
Last First MI

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone w/ Area Code: _____ Alternate Phone: _____

Have you or a member of your immediate family ever worked for this company under a different name? _____ yes _____ no. If yes, explain: _____

Type of employment you are seeking: _____ Full Time _____ Part Time _____ Temporary

Position for which you are applying: _____ Date you can start: _____

Answering "yes" to any of these questions **does not** disqualify you for employment consideration
Are you available to work irregular hours? _____ yes _____ no

Do you have other obligations, personal or otherwise, that may interfere with a regular work day? _____ yes _____ no

If applying for a field position, are you willing to work outdoors in all weather conditions? _____ yes _____ no

Do you have any physical condition that may limit your ability to perform the job applied for? _____ yes _____ no

Do you have a current Texas driver's license? _____ yes _____ no

Are you willing to take a pre-employment drug screen as a condition of employment? _____ yes _____ no

EDUCATION AND TRAINING

	Name of School	Course of Study	Degree (yes or no)	Certificate (yes or no)
High School				
College				
Tech School				

Additional training/skills : _____

Heavy equipment you can operate: _____

Can you use a computer? ___ yes ___ no Software you have used: _____

_____ Typing WPM: _____

EMPLOYMENT (List most current employer first)

Are you currently employed? ___ yes ___ no If so, may we contact your employer? ___ yes ___ no

1. Name of Employer: _____ From (MM/YR) _____ To: (MM/YR) _____

Address: _____

Phone: _____ Type of Business: _____ Your Position: _____

Specific Duties: _____

Name of Supervisor: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

2. Name of Employer: _____ From (MM/YR) _____ To: (MM/YR) _____

Address: _____

Phone: _____ Type of Business: _____ Your Position: _____

Specific Duties: _____

Name of Supervisor: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

3. Name of Employer: _____ From (MM/YR) _____ To: (MM/YR) _____

Address: _____

Phone: _____ Type of Business: _____ Your Position: _____

Specific Duties: _____

Name of Supervisor: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Please identify any additional skills, knowledge or experience you have that may be helpful in considering your application: _____

PROFESSIONAL EMPLOYMENT REFERENCES

Please provide the names and phone numbers of three people other than family and personal friends who can specifically comment on your work performance.

NAME	COMPANY	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify by my signature hereon that the information I have provided on this application is true and correct. Misstatements or omissions of material facts may be cause for dismissal if employed.

Signature of Applicant

**S.S. Water Supply Corporation is an equal opportunity company/employer.
We do not discriminate on the basis of race, color, age, sex, religion,
disability or national origin.**