

Hickory Creek Special Utility District
102 N. Highway 69
P.O. Box 540
Celeste, Texas 75423
903.568.4760

Position Desi	ired:		Today's	Date:		man and a second	
Please print o	or type all information.	Omissions &	and/or false i	information a	are cause for rej	iection or dismissal.	
Name:							
	Last		First			MI	
Address:							_
	Physical & Mailing						
City, State, Z	Zip:						_
Home Phone	e:			_	Alt. Phone:		~~~~ <b>~</b>
SSN:	<b>J</b>			_			
Driver's Lice	ense Number:					Class:	_
Do you have	a CDL?	☐ Yes [	□ No	State:			
Have you eve	er filled out an employ	ment applicat	ion with Hick	cory Creek S ☐Yes	Special Utility Dis	strict?	
Have you eve	er been employed by F	lickory Creek	Special Util	ity District? ∐Yes	□No		
Do you have	friends or family curre	ntly working f	or Hickory C	reek Specia ∐Yes	ll Utility District? ∐No		
Diploma or G	ED and college transc	cript(s) may b	e required fo	r verification	of education p	rior to employment.	
Circle the hig	hest grade level comp Grade School 1 2 3 4 5 6 7 8	oleted. High Schoo 9 10 11 12	College				

Type of Education	Name of School	Major/Minor Field Area of Study	Year of Degree or Diploma
High School			
College			
Graduate School			
Vocational/ Other			

## **Employment History:** Please list all jobs (including military service) beginning with your most recent employer. 1.) Employer: \_\_\_\_\_to \_\_\_\_\_ From Address: Supervisor: Telephone: Position: Ending Salary: Duties: Full Time Part Time Reason for Leaving: 2.) Employer: \_\_\_\_\_to \_\_\_\_\_ From Address: \_\_\_\_\_Supervisor: Telephone:

Full Time	Part Time	 .,		

Ending Salary:

Reason for Leaving:

Position:

**Duties:** 

3.) Employer:			
From	to		
Address:			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Telephone:		Supervisor:	
Position:		Ending Salary:	, , , , , , , , , , , , , , , , , , , ,
Duties:			
Full Time Part Time			
Reason for Leaving:			
4.) Employer:			
From	to		
Address:			
Telephone:		Supervisor:	
Position:		Ending Salary:	
Duties:			
Full Time Part Time			
Reason for Leaving:			

Please list any required or use	skills and licenses/certificates (including the license number) that you possess that may be full in performing the essential functions of the job for which you are applying.
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4.	
5.)	
0.,	
	die the American Netional Oward of the United States?
What Branch?	served in the Armed Forces or National Guard of the United States?
Dates of Service	xe: to
Rank at Discha	
Kank at Discha	ige. Type of Disorial ge.
Have you ever	been convicted, received probation or deferred adjudication when charged with a felony?
	City, State
Charge:	
Disposition:	
•	Punishment/Sentence)
Please list only performance.  1.) Name:  Telephone:	individuals with whom you have worked at any position and who can attest to your work history, habits and  Relationship:
2.) Name: _ Telephone: _	Relationship:
3.) Name:	Relationship:
I am aware tha	t this application may be subject to public disclosure unless an explanation under the Texas Public Information Act
and that wages	nd agree that my employment is "at-will" Hickory Creek Special Utility District and is for for no definite period of time, s, benefits and job conditions can be changed at any time. I also understand that any oral written statements to the pressly disavowed and should not be relied upon by any applicant or existing employee.
by me in good may be cause if necessary, e	e statements made by me in this application are true, complete and correct to the best of my knowledge and are made faith. I understand that misstatement or omission of material facts in this application (or any information I have submitted) for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records ducational history and contact with references and previous employers. I understand that any offer of employment is n the result of a reference and background check and a post-offer medical examination and drug screen.
I hereby releas and informatio	e, indemnify and hold harmless any government entity, employer and person furnishing or receiving records n about me.
Applicant Sign	afure Date
ppoune Oign	