



Flo Community Water Supply Corporation

Buffalo, Texas 75831

903-322-4134

flocommunitywater.org

Dear Applicant,

Thank you for submitting your application to Flo Community Water Supply Corporation. In order to aid in the processing of your application, please note the following suggestions:

1. Please list the specific position for which you are applying. If you are interested in more than one position, list each position at the top of the application.
2. Remember to list any special skills or training such as typing speed, licenses and certifications.
3. Applicants for all full-time positions must be at least 18 years of age and have a valid driver's license.
4. Be sure to fill out the application completely. If a resume is attached, please complete all parts of the application with any information that is not provided in your resume. Information must be complete and legible.
5. Please be sure to list a working phone number or other contact number. If you cannot be contacted at the time of interview, you will be passed over in favor of someone we can reach.

Your application will be considered along with all others received. Interviews are held at the discretion of Flo Community Water Supply Corporation. You will not be contacted unless you have been selected for an interview. Thank you for applying. If you have any questions regarding this application, please contact the Office Manager at the phone number listed at the top of the page.

PLEASE MAIL COMPLETED APPLICATION TO:

FCWSC HIRING COMMITTEE

13934 FM 1511

BUFFALO, TEXAS 75831

hr@flocommunitywater.org

AN EQUAL OPPORTUNITY EMPLOYER/ADA



**EMPLOYMENT APPLICATION FOR
HOURLY POSITIONS
FLO COMMUNITY WATER SUPPLY**

Received By/Date: _____

INTERVIEW DATE: _____

INSTRUCTIONS: **Please print in ink**, sign, and return to the Office Manager. It is important to respond to every question accurately. **Incomplete and/or unsigned applications will not be considered.** If you need additional information, you may contact the Office Manager at the address and telephone number below.
Flo Community WSC is an Equal Opportunity Employer. The Corporation does not discriminate in employment practices based on religious beliefs, race, color, national origin, disability, age or sex.

**APPLICATION FOR
THE POSITION OF:** _____

Please list all positions for which you are applying. It is not necessary to complete a separate application for each position.

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Number) (Street) (Apt) (City) (State) (Zip)

EMAIL ADDRESS: _____ **SOCIAL SECURITY # (OPTIONAL)** _____
(SS# must be provided at the time of hire)

DRIVER'S LICENSE #: _____ **LICENSE ISSUED BY STATE OF:** _____

PHONE NO.: () _____ () _____ () _____
Home Work Other

BEST TIME TO CONTACT YOU: _____

CHECK ALL TYPES OF WORK YOU WILL ACCEPT:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Day Work	<input type="checkbox"/> Evening Work
<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Night Work	<input type="checkbox"/> Weekend Work

ARE YOU WILLING TO WORK MORE THAN 40 HOURS/WEEK? YES NO

HAVE YOU EVER BEEN EMPLOYED BY FLO COMMUNITY WSC? Yes NO
If your answer is YES Dates _____ Position _____

DO YOU HAVE ANY RELATIVES BY BLOOD OR MARRIAGE CURRENTLY WORKING FOR FLO COMMUNITY WSC? (IF YES): NAME _____ RELATIONSHIP? _____

MINIMUM SALARY YOU WILL ACCEPT: _____ **DATE ABLE TO REPORT TO WORK:** _____

HAVE YOU EVER BEEN CONVICTED OF A CLASS A OR CLASS B MISDEMEANOR OR FELONY CHARGE OR SUBJECTED TO A DEFERRED ADJUDICATION ON SUCH A CHARGE? YES NO IF YOUR ANSWER IS YES, EXPLAIN IN DETAIL. INCLUDE THE DATES AND NATURE OF THE OFFENSE, NAME AND LOCATION OF THE COURT, AND THE DISPOSITION OF THE CASE.

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

DO YOU SPEAK, READ OR WRITE A LANGUAGE OTHER THAN ENGLISH? YES NO LANGUAGE: _____

CIRCLE HIGHEST SCHOOL GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

EDUCATION: Copies of diplomas and/or transcripts may be requested.

HIGH SCHOOL	CITY/STATE	Did You Graduate? YES NO	If no, do you have a GED? YES NO	Degree or Certificate
COLLEGE/UNIVERSITY	CITY/STATE	YES NO HOURS _____	Major/Minor	
		YES NO HOURS _____		
GRADUATE SCHOOL	CITY/STATE	YES NO HOURS _____		
VOCATIONAL/TECHNICAL	CITY/STATE	YES NO HOURS _____		

OTHER LICENSES/CERTIFICATIONS:	TYPE	GRADE OR LEVEL
	WATER	_____
	ELECTRICAL	_____
	WASTEWATER	_____
	PLUMBING	_____
	HERBICIDE/PESTICIDE	_____
	COMMERCIAL DRIVERS LICENSE	_____
	LAW ENFORCEMENT	_____
	PROFESSIONAL	_____

CLERICAL APPLICANTS:

WHAT IS YOUR TYPING SPEED? _____ COMPUTER SKILLS: NONE FAIR GOOD EXCELLENT

WHAT IS YOUR EXPERIENCE IN OFFICE PROCEDURES? LIST DUTIES PERFORMED AND EQUIPMENT USED.

SERVICE/MAINTENANCE:

CIRCLE THE EQUIPMENT YOU CAN USE PROFICIENTLY AND WORK YOU HAVE PERFORMED:

DUMP TRUCK	JACKHAMMER	BULLDOZER	BACKHOE	FORKLIFT
AERIAL MANLIFT/BUCKET TRUCK		ROTARY MOWER	FARM TRACTOR	RIDING MOWER
STRING TRIMMER	EDGER	GRADALL	TRACKHOE	MINI EXCAVATOR
WELDING	CONCRETE WORK	CARPENTRY	AUTOMOTIVE	PLUMBING
ELECTRICAL	LANDSCAPING	JANITORIAL		
OTHER:	_____	_____	_____	_____

DO YOU HAVE A LEGAL RIGHT TO RESIDE AND WORK IN THE UNITED STATES? YES NO
PROOF OF CITIZENSHIP OR WORK AUTHORIZATION WILL BE REQUIRED UPON HIRE.

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES NO
Details: _____

HAVE YOU EVER BEEN TERMINATED OR ALLOWED TO RESIGN IN LIEU OF TERMINATION? YES NO

Details: _____

Start with your present or most recent job. **List all employment for the past ten years.** Attach additional sheets, if necessary. **Explain any gaps in employment in the comments section found after the job history section.**

POSITION TITLE: EMPLOYER: MAILING ADDRESS: CITY/STATE EMPLOYER'S PHONE #	SUPERVISOR'S NAME: TITLE: PHONE #
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Duties performed:	Reason for Leaving
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Employment dates: From: To:	Starting Salary	Final/Current Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
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Reference checks: (This section for City use only) Date checked: _____

POSITION TITLE: EMPLOYER: MAILING ADDRESS: CITY/STATE EMPLOYER'S PHONE #	SUPERVISOR'S NAME: TITLE: PHONE #
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Duties performed:	Reason for Leaving
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Employment dates: From: To:	Starting Salary	Final/Current Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
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Reference checks: (This section for Flo Community WSC use only) Date checked: _____



FLO COMMUNITY
WATER SUPPLY

POSITION TITLE: EMPLOYER: MAILING ADDRESS: CITY/STATE EMPLOYER'S PHONE #	SUPERVISOR'S NAME: TITLE: PHONE #
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Duties performed:	Reason for Leaving
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Employment dates: From: To:	Starting Salary	Final/Current Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal
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Reference checks: (This section Flo Community WSC use only) Date checked: _____

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EXPLAIN ANY GAPS IN EMPLOYMENT:

List any qualifications and skills you possess which qualify you for the job described in the job announcement. Indicate any training you have had which is directly related to the job. List any additional skills that may enhance your ability to perform the job (such as computer skills, foreign language skills, etc.).



Flo Community Water Supply

REFERENCES

List names and telephone numbers of three work references who are **NOT related to you** and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name & Address	Telephone No. ()	How Acquainted	Years Known
Name & Address	Telephone No. ()	How Acquainted	Years Known
Name & Address	Telephone No. ()	How Acquainted	Years Known

READ YOUR ANSWERS AND THE STATEMENT BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

I have reviewed the essential job functions and minimum qualifications for the position(s) for which I am applying.

I am aware that this application may be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

I understand that all the information provided by me in connection with my application, whether on this document or on any attachment, is complete, true and correct. I know that Flo Community WSC will rely upon this information in making a decision to hire me. Consequently, I further understand that any misstatement, falsification, or omission of information will void my application and prevent any further processing. If Flo Community WSC obtains such information after I am hired, I will be subject to termination from employment with Flo Community WSC.

For purposes of verification, any persons, organizations, and educational institutions listed on this application or any attachment, as well as the Department of Public Safety in any state in which I am a resident, at any time upon request, may give to officials of Flo Community WSC any and all information concerning my previous employment, education, experience or other information (including motor vehicle records) they might have regarding any subjects listed on my application. I unconditionally and irrevocably release all such persons, organizations or educational institutions from all liability and damages which may result from providing the information requested to Flo Community WSC.

I understand that employment with Flo Community WSC is also contingent upon successful completion of a national background investigation.

I understand that Flo Community WSC is an "employment-at-will" employer and that the acceptance of an offer of employment does not create a contractual obligation upon Flo Community WSC to continue to employ me in the future. Furthermore, I understand that just as I am free to resign at any time, Flo Community WSC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Flo Community WSC has the authority to make any assurances to the contrary.

If employed, I agree to abide by all policies, regulations and guidelines established by Flo Community WSC. My signature below acknowledges my understanding with the above.

Signature of Applicant

Date



**CONSENT TO PREEMPLOYMENT TESTING & BACKGROUND INVESTIGATION
FLO COMMUNITY WATER SUPPLY**

DRUG TESTING

All applicants for employment will, as a pre-qualification condition, be subject to drug and alcohol testing. If evidence of the use of illegal drugs or alcohol by an applicant is discovered either through testing or other means, the employment process will be suspended. If an applicant refuses to take either the drug test or the alcohol test, the employment process will be suspended. If an applicant attempts to substitute or contaminate his or her drug screen specimen or attempts to subvert the breath alcohol test procedure, the employment process will be suspended.

Exceptions to this policy based on the religious beliefs of applicants who are members of an established church whose tenets conflict with the use of physicians or medical treatment may be granted on an individual case-by-case basis by the General Manager. Exceptions cannot be allowed for positions that require Commercial Driver's Licenses.

MEDICAL EXAMINATION

Before being appointed, and after a conditional offer of employment, a prospective employee may be asked to undergo, at the Corporation's expense, a thorough medical examination by a physician designated by Flo Community WSC. The purpose of the medical examination is to ensure that an applicant can perform the essential functions of the job for which he or she is applying. Exceptions to this policy based on the religious beliefs of applicants who are members of an established church whose tenets conflict with the use of physicians or medical treatment may be granted on an individual case-by-case basis by the General Manager.

I hereby acknowledge that I have read and understand the above Corporation guidelines for all applicants of employment to Flo Community WSC. **I do hereby consent to undergo a pre-employment drug/alcohol test and physical examination as part of my application for employment with Flo Community WSC.** I understand that further consideration of my application is contingent upon the results of that drug/alcohol testing and/or physical examination as related to my current ability to perform the job for which I am applying.

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with Flo Community WSC, I understand that inquiries will be made concerning my employment and credit histories, criminal and driving records and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns, including (but not limited to) consumer reporting agencies and similar entities, to release any and all information maintained by any such employer, concern, agency, or entity concerning my personal history. I understand if employment with Flo Community WSC is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting (or similar) agency, that I will be entitled to receive from Flo Community WSC only the name and address of the consumer reporting agency or agencies from which the report(s) was obtained.

In consideration of Flo Community WSC 's acceptance and consideration of my application for employment, I, and by these presents do for my heirs, agents, executors, administrators, and assigns, hereby release and forever discharge Flo Community WSC and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of Flo Community WSC 's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history. I likewise release and forever discharge all former employers and all other public and private concerns from all liability arising out of disclosure to the Flo Community WSC any information pertaining to my personal history, including but not limited to the release of copies of any documents contained in any files maintained by said former employers or other public or private concerns relating in any manner to me.

This release shall be valid for two years after the date of signing. Copies of this release shall be as effective as the original.

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____

CURRENT ADDRESS: _____
(Number) (Street) (Apt #) (City) (State) (Zip)

PREVIOUS ADDRESS: _____
(Number) (Street) (Apt #) (City) (State) (Zip)

Signature of Applicant

Date



SUPPLEMENTAL JOB APPLICATION
MOTOR VEHICLE RECORDS CHECK
FLO COMMUNITY WATER SUPPLY

In compliance with guidelines established by Flo Community WSC, all employees whose positions require a Texas Driver's license must meet the following driving history requirements:

- 1. No more than two (2) moving traffic violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding twenty-four (24) month period; or
2. No more than four (4) moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency during the preceding thirty-six (36) month period; or
3. No DWI or DUID conviction during the preceding sixty (60) month period.

In order to verify driving history, Flo Community WSC must conduct a Motor Vehicle Records Check. Your employment will be contingent, in part, on successfully meeting the driving history requirements listed above. If you do not meet these standards, you will be subject to dismissal or exclusion from consideration for the position.

Please complete the following information (AS SHOWN ON LICENSE):

DRIVER'S LICENSE #: _____ LICENSE ISSUED BY STATE OF: _____

WHAT TYPE/CLASSIFICATION DRIVER'S LICENSE DO YOU HAVE?

[] Commercial (CDL) Class: A B Endorsement _____

[] Operators Class: A B C

Have you been convicted of DUI or DWI within past 3 years? [] Yes [] No

Is your license presently restricted, suspended or revoked? [] Yes [] No

If yes, give the reason _____

The date it began _____ And the date ended (or will end) _____

State number of traffic/vehicle citations you have received in the last three (3) years: _____

State number of vehicle accidents in which you were involved in during the last three (3) years: _____

NAME: _____ (First) (Middle) (Last)

ADDRESS: _____ (Number) (Street) (Apt #) (City) (State) (Zip)

I certify that the above information is correct and I understand that my employment will be contingent, in part, on my meeting Flo Community WSC driving history requirements.

Signature of Applicant _____ Date _____