

CCMA

Clean Water for the Future

EMPLOYMENT APPLICATION

P.O. Box 930 - Schertz, TX 78154

(210)658-6241 Fax: (210)658-5830

DIRECTIONS: Follow directions exactly. Print NEATLY in ink. Fill out COMPLETELY. DO NOT leave blanks even if you attach a resume; if question does not apply, enter "NA." Attach additional sheets if necessary. Read the statement you must sign on page 2 carefully. CCMA is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability. You can complete the PDF form on your computer and print it, but may not be able to save it.

1. PERSONAL

Date:	Position Desired:		
Name (Last, First, MI):		Soc. Sec. #:	
Present Address (Number, Street, Apt #):		Home Phone (Incl. AC):	
City:	State:	Zip:	Work Phone (Incl. AC):

2. GENERAL

List Any Other Names Used In The Past:						
Referred To CCMA By:			Are You Related To A CCMA Employee?		Name:	
Worked Or Applied At CCMA Before?		Date/s:	Date Available For Work:		Salary Desired:	
Currently Employed?		Employer:			May We Contact Them Now?	
Military Service:	Branch:	From:	To:	Final Rank:	Type Discharge:	Date:
Have You Ever Been Convicted Of A Felony?		Dates:	Offenses:	Locations:	Sentences:	

3. QUALIFICATIONS

Valid Drivers License #:		State:	Class:	Restrictions:		
Do You Hold Current TCEQ Certification?		Type:	Class:		Expires:	
Other Licenses or Certification:		Type:	Date:		Expires:	
What Languages Are You <u>FLUENT</u> In?		ENGLISH : <input type="checkbox"/>		Speaking: <input type="checkbox"/> Reading: <input type="checkbox"/> Writing: <input type="checkbox"/>		
		OTHER: _____		Speaking: <input type="checkbox"/> Reading: <input type="checkbox"/> Writing: <input type="checkbox"/>		
Other Skills, Training, or Equipment (Attach another sheet, if necessary.)		List:	Dates:	Years Experience:		

4. EDUCATION

TYPE	SCHOOL and LOCATION	FROM (MO/YR)	TO (MO/YR)	DATE GRADUATED	(Diploma Or GED)
HIGH SCHOOL:					
TRADE, BUSINESS, OR TECHNICAL SCHOOL					
COLLEGE /UNIVERSITY					
GRADUATE SCHOOL					
OTHER SCHOOLS					

5. WORK EXPERIENCE (List most recent first. Include past ten years. Account for all time periods.)

FROM	TO	EMPLOYER AND ADDRESS	SUPERVISOR	PHONE	REASON FOR LEAVING

6. REFERENCES (List three people NOT RELATED to you who have known you for at least one year.)

NAME	ADDRESS	PHONE	RELATIONSHIP	HOW LONG

7. AGREEMENT

- I certify that all information provided by me in this application is true and complete, and I understand that any misrepresentation or omission may disqualify me for employment with CCMA.
- I understand that I shall be required to provide legal proof of authorization to work in the U.S.
- I understand that I must pass a physical, including a drug screen, as a condition of employment.
- I understand that I may be required to provide documented evidence of any or all qualifications I have claimed.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including but not limited to a criminal background check. I understand that this application is not intended to be a contract of employment.
- I authorize any person or organization referenced in this application to provide all information regarding any subject in this application to CCMA, and I release all such parties from all liability for doing so.
- I understand that no term or condition of employment with CCMA is other than employment-at-will. I understand that, if employed, I will be employed for an indefinite period and that I, as well as CCMA, can terminate my employment for any reason at any time.

My signature below certifies that I understand and attest to all of the above statements.

THIS APPLICATION MUST BE SIGNED AND DATED

Applicant's Signature _____ **Date** _____