

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex (including pregnancy), marital status, disability, age, veteran status, genetic information, and any other status as protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name _____ Date _____
(Last) (First) (Middle)

Address _____ Telephone: Home ____ / ____
(Street) (City) (State) (Zip)

Business ____ / ____

Are you 18 years of age, or over? Yes No

Cell ____ / ____

Are you authorized to work in the United States? Yes No

(If you are hired, you will be required to furnish proof of your employment eligibility) Email _____

Other names used in prior employment _____

GENERAL INFORMATION

Applying for position as _____ Salary requirement _____
 Full-Time Part-Time Temporary

Date available _____ Would you object to shift work? Yes No

Have you previously applied for employment with our company? Yes No

If so, when? _____ Type of position for which you applied _____

How were you referred to our company?

Employee Advertisement School Drop in Agency Other

Name of referral source indicated above _____

Have you ever been convicted of or pled guilty, no contest or nolo contendere, or received deferred adjudication, pre-trial diversion or probation for any criminal offense (felony or misdemeanor), other than for a minor traffic violation (see "Convictions," page 4)? Yes No If yes, give dates and circumstances: _____

Have you ever been involuntarily discharged from a position? Yes No If yes, give dates and circumstances: _____

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes No

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Current, or last, employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____ / _____

Name and title of immediate supervisor _____

Your title _____ Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____ / _____

Name and title of immediate supervisor _____

Your title _____ Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____ / _____

Name and title of immediate supervisor _____

Your title _____ Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____ / _____

Name and title of immediate supervisor _____

Your title _____ Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

EMPLOYMENT (Continued)

Please explain any gaps in your employment history. Attach an additional sheet if necessary:

EDUCATION	PROVIDING NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRADUATE?	DEGREE RECEIVED
High School				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
College		From _____ To _____		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
College		From _____ To _____		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Other Education		From _____ To _____		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Other Education		From _____ To _____		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking _____

SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying:

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying:

List equipment, machinery, software applications or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience:

PERSONAL REFERENCES (Not Relatives or Employers)

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME AND ADDRESS	KNOW IN WHAT CAPACITY	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES EMPLOYED BY THIS COMPANY AND THEIR RELATIONSHIP TO YOU

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. By applying, I also agree to an Internet search.

I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application, any other document, as well as verbal statements made, may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and/or proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I understand that, in the event I am employed by the company, I will be required to furnish proof of identity and legal authorization to work in the United States.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of employment with the company.

 Signature of Applicant

NORTH ALAMO WATER SUPPLY CORPORATION

HUMAN RESOURCES DEPARTMENT

420 S. DOOLITTLE RD
EDINBURG, TX 78542
(956) 383-1618 Phone
(956) 383-5734 Fax

AUTHORIZATION AND RELEASE OF INFORMATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

In connection with my application for employment, I understand that an investigative background and criminal history report will be conducted that will include information as to my character, work habits, performance, experience together with reasons for terminations of past employment, driving record, court records, education, credentials, and references.

I, _____ hereby authorize North Alamo Water Supply Corporation 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 North Alamo Water Supply Corporation will utilize an outside firm or firms to assist it in checking such information, and I specifically authorized an investigation by North Alamo Water Supply Corporation and outside entities of the company's choice. I authorize, without reservation, any party or agency contacted by North Alamo Water Supply Corporation or any of its chosen outside firms, to furnish the above-mentioned information.

I also understand that I may withhold my permission, and in such a case, no investigation will be done, and my application for employment will not be processed any further.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S PRINTED NAME

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

NORTH ALAMO WATER SUPPLY CORPORATION
APPLICANT VOLUNTARY SELF IDENTIFICATION DATA SURVEY

North Alamo Water Supply Corporation is an Equal Employment Opportunity Employer. All applicants and employees receive consideration for positions without regard to race, color, religion, sex, age, national origin, marital status, veteran status, medical condition or handicap/disability, or any other legally protected status.

Applicants for employment are invited to self-identify by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. ***Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.***

Applicant Name: _____
Please print legibly

Position Applied For: _____ **Requisition #:** _____

GENDER:

- Male Female I do not wish to self-identify

RACE OR ETHNICITY* (SELECT ONE, SEE BACK FOR DEFINITIONS):

- Hispanic or Latino
 White (not Hispanic or Latino)
 Black or African American (not Hispanic or Latino)
 Native Hawaiian or Pacific Islander (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)
 Two or More Races (not Hispanic or Latino)
 I do not wish to self-identify

VETERAN STATUS (SELECT ONE, SEE BACK FOR DEFINITIONS):**

- I am a protected veteran
 I am NOT a protected veteran
 I do not wish to self-identify

HOW DID YOU HEAR ABOUT OUR JOB OPENING?

- | | | |
|--|--|--|
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> NAWSC Website | <input type="checkbox"/> Texas Workforce Solutions / WorkInTexas |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> Job Board* | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Other Website* | <input type="checkbox"/> Other* | |

*Please indicate referral source _____

Applicant Signature: _____ **Date:** _____

***EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (*not Hispanic or Latino*) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (*not Hispanic or Latino*) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (*not Hispanic or Latino*) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (*not Hispanic or Latino*) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or more races (*not Hispanic or Latino*) - All persons who identify with more than one of the above races.

****PROTECTED VETERAN DEFINITION**

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.