Hill Country Water Well Drilling/Japonica Water Well Service Employment Application

Position a	applying for:							
Name				-	Day Phone			
Address				-	Evening Phone			
City, State, Zip				_	Cell Phone			
Email				-				
How did yo	u learn of this position?							
Do you hold a valid Texas driver's license? If No, why not?				Yes		No		
Have you ever been convicted of a felony?YesNo If yes, please explain								
Do you spe	eak Spanish?	Yes		_No				
Education								
School	Name & Locat	ion	# Years Attended	M	lajor Subjec	ts		a or Degree ceived
High								
College								
College								
Post								
Graduate Other								
(Specify)			1					
professiona position. Us	ntal Related Training - al organizations, volunte se the headings as guid ourse/Seminar	er activities, elines.					ou consider ı	
	Jurse/Semmar	Spons	Sorring		Content		Date(S	Attended
Employme	nt History - List Presen	or most rec	cent first for a	at least the l	past 5 years.	List at leas	st three empl	oyers if current or
recent emp	loyment lasted more tha	n 5 years.						
Employer			Position Title	Position Title			Start Date End Date	
Address			Salary				Hours per Week	
City, State, Zip		Last Supervisor	r's Name		Employer's Phor	ne Number	May we contact	this Employer?
Deceribe Duties	n/Pooponoibilitios					Pagan for Log	wina	

Employment History - Continued							
	D. W. Till	01. 10.1	5.15.1				
Employer	Position Title	Start Date	End Date				
Address	Salary	Hours per Week					
, taka, 666)						
City, State, Zip	Last Supervisor	r's Name	Employer's Pho	ne Number	May we contact	this Employer?	
Describe Duties/Responsibilities		_		Reason for Leav	ving		
Employer		Position Title	Start Date	End Date			
Address		Salary	Hours per Week				
City, State, Zip	Last Supervisor's Name Em		Employer's Phone Number		May we contact this Employer?		
Oity, State, 216	S Name Employers Phone Number			May we contact this Employer:			
Describe Duties/Responsibilities			ving				
·				•			
Employer		Position Title			Start Date	End Date	
Address	1	Salary			Hours per Week		
City, State, Zip	Last Supervisor	r's Name	Employer's Pho	ne Number	May we contact	this Employer?	
Describe Destina / Description				Reason for Leav			
Describe Duties/Responsibilities			ving				
Employer		Position Title	Start Date	End Date			
Employer	Еприуе		T GOIGHT THE				
Address		Salary	Hours per Week				
City, State, Zip Last Supervisor		's Name Employer's Phone N		ne Number	May we contact this Employer?		
Describe Duties/Responsibilities				Reason for Leav	ving		
References - List three persons of	her than fan	nilv or friends who have	knowledae o	of vour expe	rience or ed	ucation.	
Name	Mailing Address						
Please read carefully before sign	ning this ap	plication.					
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All information contained in this application any kind may result in denial or removal fi					-		
application and contact any or all of my fo		, , ,				· ·	
and knowingly fully release and hold h						=	
Regardless of whether or not I become en			-	-			
contract of employment. I understand tha	· -	· · ·			-		
or without cause, and without notice, at a contract. I further understand that no Con			•				
and conditions of employment other than		·	•				
			, .,				
Signed by Applicant Date							
Return in person to 262 Lazy Creek L	oop, Ingram o	or by fax 830/367-3918, ma	ail, or email	to:			

Email: waterman@hctc.net

Hunt, TX 78024

PO Box 242