



## **TROPHY CLUB MUNICIPAL UTILITY DISTRICT NO. 1**

100 Municipal Dr.  
Trophy Club, TX 76262  
682-831-4600  
817-491-9312 Fax  
[www.tcmud.org](http://www.tcmud.org)

# TROPHY CLUB MUNICIPAL UTILITY DISTRICT NO.1 (TCMUD)

## APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form.

Please read carefully before you sign this application.

(Application must be completed in full even if attaching a resume)

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

### **PERSONAL**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State issued: \_\_\_\_\_

Type issued (Operators or CDL): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever worked for TCMUD before? Yes  No

Are any of your relatives presently employed with TCMUD? Yes  No

If yes, name of relative: \_\_\_\_\_

Are any relatives currently employed by the Town of Trophy Club? Yes  No

If yes, name of relative: \_\_\_\_\_

**GENERAL INFORMATION**

If you are under age 18, please state your age: \_\_\_\_\_

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes  No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes  No

(A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you available to work: Days  Nights  Weekends  Full Time  Overtime

If you cannot work full time, please explain: \_\_\_\_\_

\_\_\_\_\_

**Note:** Work Schedules are based upon the needs of the business and may be subject to change on a weekly basis.

Salary Desired: \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

**EMPLOYMENT**

May we contact your current employer? Yes  No

Please list at least the last 10 years of employment. List your current or last employer first.

**1. EMPLOYER**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: (Please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**2. EMPLOYER**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: (Please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**3. EMPLOYER**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: (Please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**4. EMPLOYER**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: (Please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Please explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged from any employment or asked to resign?

Yes  No

If yes, please explain: \_\_\_\_\_

**EDUCATION**

Type of School	Name and Address of School	Course of Study	Circle last year attended	Graduated	Degree
High School			9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Trade Technical			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

Attach proof of licensing (Water, Wastewater, etc)

List any other experience, skills or qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

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**ATTENDANCE AND PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are essential requirements of every job at TCMUD. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with TCMUD? Yes  No

If Yes, please explain: \_\_\_\_\_

**REFERENCES**

Name:	Name:
Address:	Address:
City, State ZIP:	City, State ZIP:
Telephone:	Telephone:
Email:	Email:
Relationship:	Relationship:
How long known:	How long known:
Name:	Name:
Address:	Address:
City, State ZIP:	City, State ZIP:
Telephone:	Telephone:



Email:	Email:
Relationship:	Relationship:
How long known:	How long known:

**NOTIFICATION AND AGREEMENT**

Please read before signing.

**I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (Or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of TCMUD to afford equal opportunity to all employees and applicants for employment without regard to age (40 and over), race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

If hired, I agree to abide by all of TCMUD’s rules and regulations, and understand that, if employed, my employment may be terminated with or without cause and with or without notice at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of TCMUD, at any time can constitute a contract of employment. I understand the TCMUD and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of TCMUD has the authority to enter into any agreement for employment for any specified

period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the District Manager, or to make any agreement contrary to the foregoing. I understand that TCMUD requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. I understand I may be required to undergo a post-offer/pre-employment medical examination. By submitting this Application for Employment, I hereby consent to either or both of said tests, and a post-offer/pre-employment medical examination at TCMUD's discretion. I understand TCMUD will be conducting a background investigation that includes driving records.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_