



# CORYELL CITY WATER SUPPLY DISTRICT

*Serving the Community since 1969*

9440 FM 929 • Gatesville, Texas • 76528 • (254) 865-6089 • Fax: (254) 865-0148

**An Equal Opportunity Employer:** Under the provisions of the Americans with Disabilities Act (ADA), reasonable accommodations will be made during the selection process upon your request.

**Instructions: Please print or type in ink.** If more space is needed, attach a continuation sheet. Please complete all sections of the application.

Position for which you are applying \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip Code

Phone \_\_\_\_\_

Home

Work

Cell

Social Security Number \_\_\_\_\_

- For the purpose of compliance with the United States Immigration and Nationalization Act, are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Were you previously employed by Coryell City Water Supply District? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please provide employment dates and position title. \_\_\_\_\_
- Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain. \_\_\_\_\_
- Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No Please give driver's license type, number, state, and expiration date. \_\_\_\_\_
- Have you ever been fired or resigned from a position after being notified you would be fired?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain. \_\_\_\_\_

	Name & Location	Date		Degree or Credits Completed	Date Graduated	Major Area of Study
		From	To			
High School or Highest Grade Completed						
College or University						
Graduate School						
Business or Trade School						

### Employment History

Name, Address, & Phone Number of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# Hours Per Week	Reason For Leaving
Supervisor's Name/Telephone						
	Position Title:					
	Description of Responsibilities & Duties:					

### Employment History

Name, Address, & Phone Number of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# Hours Per Week	Reason For Leaving
Supervisor's Name/Telephone						
	Position Title:					
	Description of Responsibilities & Duties:					

### References

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## EVALUATION OF CRIMINAL CHARGE(S)/CONVICTION(S) (attach additional pages as necessary)

### SECTION I: BASIC INFORMATION

Type of License Requested	Last Name	First Name	Middle Name	Suffix
Last 4 of SSN	Email Address	Date of Birth / /	Maiden/Other Names	
Mailing Address:		Home Phone:	Work Phone:	

**Please check one of the following boxes:**

- I have been arrested or received a criminal conviction and my history is listed in Section(s) II/III.
- A Texas DPS or F.A.S.T. report is attached attesting to the criminal history.\*

### SECTION II: CONVICTION INFORMATION\*

**(List all convictions, including deferred or dismissed cases, regardless of age.)**

Date Convicted / /	Offense(s) Convicted Of			
Docket Number (if known)			Trial Date (if applicable) / /	
Court Where Convicted			Court Mailing Address	
City	State	County	ZIP+4 -	Phone Number ( ) -

### SECTION III: ARREST INFORMATION\*

**(List all arrests, regardless of age)**

Date Arrested or Charged / /	County and/or Court, Address, Phone #, Where Charges are Pending			
Offense(s) Charged With (indicate felony or misdemeanor and class)				
Docket Number (if known)			Trial Date (if applicable) / /	
Name of Arresting Agency			Arresting Agency Mailing Address	
City		County	ZIP+4 -	Phone Number ( ) -

I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Tex. Admin. Code § 30.33 or revocation of my license pursuant to Tex. Water Code § 7.303.

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
**CRIMINAL CHARGES/CONVICTION EVALUATION INSTRUCTIONS**

**SECTION I: BASIC INFORMATION**

**License Program** – TCEQ License type for which you want to apply (Water, Wastewater, OSSF, etc.)  
**Last Name/First Name** - as it appears on your Government-issued ID  
**Suffix** - Jr., Sr., III, etc., as it appears on your Government-issued ID  
**Last 4 of SSN** - Last 4 digits of your Social Security Number  
**Email Address** - email address at which we can contact you  
**Date of Birth** - MM/DD/YYYY (ex: 04/01/1978), as it appears on your Government-issued ID  
**Mailing Address** – Your mailing address you want TCEQ correspondence to be delivered  
**Home Phone** – Your current home phone number  
**Work Phone** – Your current employer's phone number (if applicable)

**SECTION II: CONVICTION INFORMATION**

**Date Convicted** - date of guilty verdict (MM/DD/YYYY)  
**Offense(s)** List all convictions, dismissals, and deferred cases. Convicted Of - List all offenses of which you were convicted. Include the class and level of charge – for example, First Degree Felony or Class C Misdemeanor.  
**Docket Number** - What is the number of your court proceedings?  
**Trial Date** - When was your trial (MM/DD/YYYY)?  
**Court Where Convicted** - ex: Travis County Court # 3  
**Court Mailing Address/City/State/ZIP+4/Phone Number**

**SECTION III: ARREST INFORMATION**

**Date Arrested or Charged** - date of arrest or court appearance (MM/DD/YYYY)  
**County and/or Court, Address, Phone #, Where Charges are Pending** - ex: Travis County Court # 3  
**Offense(s) Charged With (indicate felony or misdemeanor and class)** - List all offenses you have been charged with here. Include the class and level of charge – for example, "Class A Felony" or "Class C Misdemeanor."  
**Docket Number** - What is the number of your court proceedings?  
**Trial Date** - What is your trial date (MM/DD/YYYY)  
**Name of Arresting Agency** - What law enforcement agency arrested you?  
**Arresting Agency Mailing Address/City/State/ZIP+4/Phone Number**

-----  
\* If you cannot recall arrest(s) or conviction(s), you may go to one of the websites below and purchase a report to submit along with this signed form. You must also attest to any criminal arrest or conviction outside the state of Texas.

- TxDPS Public Criminal History Search:  
<https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/>
- Fingerprint Applicant Services of Texas (F.A.S.T):  
[http://www.txdps.state.tx.us/administration/crime\\_records/pages/applicantfingerprintservices.htm](http://www.txdps.state.tx.us/administration/crime_records/pages/applicantfingerprintservices.htm)

Other helpful website:

- To locate Conviction Docket Numbers, etc., you will need to contact the court in which you were convicted: <http://www.courts.state.tx.us/>

-----  
**CONTACT INFORMATION:**

**Mailing Address:**  
Occupational Licensing, MC-178  
P.O. Box 13087  
Austin, TX 78711-3087

**Phone:** (512) 239-6133  
**Fax:** (512) 239-6272  
**Email:** [licenses@tceq.texas.gov](mailto:licenses@tceq.texas.gov)  
**Webpage:** [www.tceq.texas.gov/licensing](http://www.tceq.texas.gov/licensing)