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| Upper jasper county water authority  Employment Application | 269 County Road 080  Jasper, Texas 75951  p. 409-384-6301  f. 409-384-3177 |

It is the policy of Upper Jasper County Water Authority to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

(PLEASE COMPLETE THE ENTIRE APPLICATION)

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | |  | | | | | | | | | | First |  | | | | | | | | M.I. | | | Date | |  | |
| Street Address | | | | |  | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | |  | |
| City |  | | | | | | | | | | | | | State | |  | | | | | | | ZIP |  | | | | | |
| Phone  (Cell) |  | | | | | | | | | | | | | Phone  (Home) | |  | | | | | | | | | | | | | |
| Phone  (Other) |  | | | | | | | | | | | | | E-mail Address | |  | | | | | | | | | | | | | |
| Date Available | | | | |  | | | | | | | Social Security No. | | | |  | | | | | | Driver's License (State/No.) | | |  | | | | |
| Position Applied for | | | | | | | Water Operator Trainee/Laborer | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | YES | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | | | YES | | NO | | If so, when? | | | |  | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | YES | | NO | | If yes, explain | | | |  | | | | | | | | | | |
| Will you be available to work call-outs? | | | | | | | | | | | YES | | NO | | If no, explain | | | |  | | | | | | | | | | |
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| Are you able to perform the essential functions of the job position you seek without reasonable accommodation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | | | NO | | | | | |
| If no, what reasonable accommodation, if any, would you request? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| EMERGENCY CONTACT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who Should be contacted if you are involved in an emergency? Please list at least two people, their relationship to you, and phone number. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Education AND TRAINING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | | |
| From | |  | | | | To | |  | | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | | |
| College | |  | | | | | | | | | | | Address | |  | | | | | | | | | | | | | | |
| From | |  | | | | To | |  | | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | | |
| Other | |  | | | | | | | | | | | Address | |  | | | | | | | | | | | | | | |
| From | |  | | | | To | |  | | Did you graduate? | | | YES | | NO | | | Degree | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Training (graduate, technical, vocational): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please indicate any current professional licenses or certifications that you hold: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | Phone | | |  | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | Phone | | |  | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | Relationship | | | |  | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | Phone | | |  | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Previous Employment | | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
| Company | |  | | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | From | |  | To |  | |
| Rank at Discharge | | | | | |  | | | | | | | | Type of Discharge | | | | |  |
| If other than honorable, explain | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | |
| I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.   I authorize Upper Jasper County Water Authority to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.   If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Board of Directors, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Upper Jasper County Water Authority, except in a specific written contract of employment signed on behalf of the organization by its Board of Directors, has the power to alter or vary the voluntary nature of the employment relationship.    I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | Date |  | | |