ANRA

ANGELINA & NECHES RIVER AUTHORITY

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APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

(PLEASE PRINT OR TYPE)

Date of Application:_____

Position(s) Applied For: _____

Referral Source: ❑ Advertisement ❑ Friend ❑ Relative ❑ Walk-In ❑ Employment Agency ❑ Other: _____

Name: _____
LAST *FIRST* *MIDDLE*

Address: _____
NUMBER *STREET* *CITY* *STATE* *ZIP*

Telephone: (_____)_____ Social Security Number: _____
AREA CODE

If employed and you are under 18, can you furnish a work permit? ❑ Yes ❑ No

Have you filed an application here before? ❑ Yes ❑ No If Yes, give date _____

Have you ever been employed here before? ❑ Yes ❑ No If Yes, give date _____

Are you employed now? ❑ Yes ❑ No May we contact your present employer? ❑ Yes ❑ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ❑ Yes ❑ No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available for work ❑ Full-Time ❑ Part-Time ❑ Shift-Work ❑ Temporary

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ❑ Yes ❑ No
If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

AN EQUAL OPPORTUNITY EMPLOYER

Education & Qualifications

Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.

High School Graduate or GED? ❑ Yes ❑ No

If yes, name and location of high school or GED institute:_____

Type of School	Name & Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

Please list any additional information, such as honors received, that you feel may be helpful to us in considering your application:

_____

Skills & Certifications

Office Equipment

❑ Typing WPM:_____

❑ 10-Key Calculator ❑ By touch

❑ Fax Machine ❑ Copier

❑ PBX Telephone System

Other_____

_____

Computer Software

❑ Microsoft Word ❑ Microsoft Excel

❑ Microsoft Access ❑ Microsoft Outlook

❑ Corel Wordperfect

❑ Specialized Software: _____

_____

_____

Construction/Maintenance

❑ Carpentry ❑ Plumbing

❑ Welding ❑ Mechanic

❑ Instrumentation

Other_____

_____

Tools/Heavy Equipment

❑ Electric Welder ❑ Boat/Barge

❑ Dragline ❑ Blade Tractor

❑ Bulldozer ❑ Backhoe

❑ Front End Loader ❑ Dump Truck

Other_____

_____

_____

Describe any specialized training, apprenticeship of skills. Please include membership in professional associations:

_____

_____

_____

TCEQ Certifications: Water _____ Wastewater _____ Expiration Date _____ Certificate # _____

Education & Qualifications Continued

Veteran of the U.S. Military service? ❑ Yes ❑ No If yes, Branch:_____

Indicate languages you speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

_____

_____

_____

_____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

_____

_____

_____

_____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.
If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.
If you wish to be identified, please sign below.

❑ Handicapped Individual ❑ Disabled Veteran ❑ Vietnam Era Veteran

Signed_____

Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use additional copies of this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Position Title: _____
Employer: _____
Mailing Address: _____
City, State Zip: _____
Employer's Telephone Number: ( ) _____

Starting Date:
Ending Date:

Salary

Technical ❑
Non-managerial ❑
Supervisory/Managerial ❑

Immediate Supervisor's Name: _____
Title: _____
Supervisor's Telephone Number: _____
If supervisory, number of employees you supervised: _____

Full-Time ❑
Part-Time ❑
Summer ❑
Temp/Project ❑

Give average number of hours worked per week if part-time: _____

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: _____
Employer: _____
Mailing Address: _____
City, State Zip: _____
Employer's Telephone Number: ( ) _____

Starting Date:
Ending Date:

Salary

Technical ❑
Non-managerial ❑
Supervisory/Managerial ❑

Immediate Supervisor's Name: _____
Title: _____
Supervisor's Telephone Number: _____
If supervisory, number of employees you supervised: _____

Full-Time ❑
Part-Time ❑
Summer ❑
Temp/Project ❑

Give average number of hours worked per week if part-time: _____

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Employment History Continued

Position Title: _____
Employer: _____
Mailing Address: _____
City, State Zip: _____
Employer's Telephone Number: ( ) _____

Starting Date:
Ending Date:

Salary

Technical ☐
Non-managerial ☐
Supervisory/Managerial ☐

Immediate Supervisor's Name: _____
Title: _____
Supervisor's Telephone Number: _____
If supervisory, number of employees you supervised: _____

Full-Time ☐
Part-Time ☐
Summer ☐
Temp/Project ☐

Give average number of hours worked per week if part-time: _____

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: _____
Employer: _____
Mailing Address: _____
City, State Zip: _____
Employer's Telephone Number: ( ) _____

Starting Date:
Ending Date:

Salary

Technical ☐
Non-managerial ☐
Supervisory/Managerial ☐

Immediate Supervisor's Name: _____
Title: _____
Supervisor's Telephone Number: _____
If supervisory, number of employees you supervised: _____

Full-Time ☐
Part-Time ☐
Summer ☐
Temp/Project ☐

Give average number of hours worked per week if part-time: _____

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Applicant's Statement

I certify the answers given herein are true and complete to the best of my knowledge. In the event of employment I understand that false information given in my application or interview(s) may result in immediate discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that any employment relationship with the Angelina & Neches River Authority is at will, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document, or oral communication unless such change is specifically acknowledged in writing by the Board of Directors of the Angelina & Neches River Authority.

I understand that the Angelina & Neches River Authority requires pre-employment screening, including drug and alcohol screenings, as well as background checks and driving record checks.

I understand that if submitting this application electronically, typing my full name into the signature field and filling in the date field below serves as my electronic signature and is legally binding.

_____ _____

Signature of Applicant Date

For Personnel Department Use Only

Arrange Interview: ❑ Yes ❑ No

Remarks: _____

_____

_____

Employed: ❑ Yes ❑ No Date of Employment _____

Job Title _____ Hourly Rate/Salary_____ Department _____

By: _____ _____

Name & Title *Date*

Click here to submit application electronically