



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: () _____ Driver's License 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 Section 503 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: () _____		Immediate Supervisor's Name: _____	Full-Time <input type="checkbox"/>
Starting Date: _____		Salary		Technical <input type="checkbox"/>		Non-managerial <input type="checkbox"/>		Supervisory/Managerial <input type="checkbox"/>		Title: _____	Part-Time <input type="checkbox"/>
Ending Date: _____										Supervisor's Telephone Number: _____	Summer <input type="checkbox"/>
										If supervisory, number of employees you supervised: _____	Temp/Project <input type="checkbox"/>
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: () _____		Immediate Supervisor's Name: _____	Full-Time <input type="checkbox"/>
Starting Date: _____		Salary		Technical <input type="checkbox"/>		Non-managerial <input type="checkbox"/>		Supervisory/Managerial <input type="checkbox"/>		Title: _____	Part-Time <input type="checkbox"/>
Ending Date: _____										Supervisor's Telephone Number: _____	Summer <input type="checkbox"/>
										If supervisory, number of employees you supervised: _____	Temp/Project <input type="checkbox"/>
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: _____		Immediate Supervisor's Name: _____		Full-Time <input type="checkbox"/>
Employer: _____		Title: _____		Part-Time <input type="checkbox"/>
Mailing Address: _____		Supervisor's Telephone Number: _____		Summer <input type="checkbox"/>
City, State Zip: _____		If supervisory, number of employees you supervised: _____		Temp/Project <input type="checkbox"/>
Employer's Telephone Number: () _____		Give average number of hours worked per week if part-time: _____		
Starting Date: _____	Salary _____	Technical <input type="checkbox"/>		
Ending Date: _____		Non-managerial <input type="checkbox"/>		
		Supervisory/Managerial <input type="checkbox"/>		
Summary of experience including special training/skills/qualifications you have used in the performance of this job:				
Specific reason for leaving:				

Position Title: _____		Immediate Supervisor's Name: _____		Full-Time <input type="checkbox"/>
Employer: _____		Title: _____		Part-Time <input type="checkbox"/>
Mailing Address: _____		Supervisor's Telephone Number: _____		Summer <input type="checkbox"/>
City, State Zip: _____		If supervisory, number of employees you supervised: _____		Temp/Project <input type="checkbox"/>
Employer's Telephone Number: () _____		Give average number of hours worked per week if part-time: _____		
Starting Date: _____	Salary _____	Technical <input type="checkbox"/>		
Ending Date: _____		Non-managerial <input type="checkbox"/>		
		Supervisory/Managerial <input type="checkbox"/>		
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