

UPPER GUADALUPE RIVER AUTHORITY

APPLICATION FOR EMPLOYMENT



PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. **Fill out application form completely. If questions are not applicable, enter "NA."** Do not leave questions blank. Be sure to sign when completed. The Upper Guadalupe River Authority is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of applications. This application becomes public record and is subject to disclosure.

NAME (Last) (First) (Middle)	Daytime Telephone
MAILING ADDRESS (Current) (Street) (City) (State) (Zip)	E-Mail

List any other names used if different from name given on this application. _____

Driver's License _____ Class A Class B Class C Class M

Position Applying For:	Salary Desired:
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Full-Time Part-Time Summer Temp/Project Date available for work _____

Are you willing to work hours other than 8-5? Yes No Can you work on the weekends? Yes No

Have you ever applied to/worked for UGRA? Yes No

If yes, please explain (Include date): _____

Do you have friends, relatives, or acquaintances working for UGRA? Yes No

If yes, state name & relationship: _____

Are you at least 18 years of age? Yes No If hired, would you have reliable transportation to/from work? Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No Are you willing to submit to a drug screen? Yes No

EDUCATION (Applicant may be required to provide a copy of diploma, degree, transcripts, licenses, certifications, and registrations.)											
Type of School	Name and Location of School	Dates Attended				Sem/clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
		From	To	Mo.	Yr.		Mo.	Yr.			
High School											
College/University											
Technical, Vocational or											

Date Received _____ Time Received _____ Received By _____

Position Title							Immediate Supervisor			Full-Time	
Employer:							Name			Part-Time	
Mailing Address:							Title			Summer	
City and State/Zip:							Supervisor's Telephone No.			Temp/Project	
Employer's Telephone No.							If supervisory, number of employees you supervised			Give average number of hours worked per- week if part-time	
Starting Date			Leaving Date			Technical					
Mo	Day	Yr	Mo	Day	Yr	Non-managerial					
						Supervisory/Managerial					
Summary of Job Duties:											
Reason for Leaving: _____											

Position Title							Immediate Supervisor			Full-Time	
Employer:							Name			Part-Time	
Mailing Address:							Title			Summer	
City and State/Zip:							Supervisor's Telephone No.			Temp/Project	
Employer's Telephone No.							If supervisory, number of employees you supervised			Give average number of hours worked per- week if part-time	
Starting Date			Leaving Date			Technical					
Mo	Day	Yr	Mo	Day	Yr	Non-managerial					
						Supervisory/Managerial					
Summary of Job Duties:											
Reason for Leaving: _____											

Position Title							Immediate Supervisor			Full-Time	
Employer:							Name			Part-Time	
Mailing Address:							Title			Summer	
City and State/Zip:							Supervisor's Telephone No.			Temp/Project	
Employer's Telephone No.							If supervisory, number of employees you supervised			Give average number of hours worked per- week if part-time	
Starting Date			Leaving Date			Technical					
Mo	Day	Yr	Mo	Day	Yr	Non-managerial					
						Supervisory/Managerial					
Summary of Job Duties:											
Reason for Leaving: _____											

Have you ever been convicted of, pled guilty or no contest/*nolo contendere* to, or received deferred adjudication or probation for a felony or misdemeanor (excluding minor traffic violations)?

Yes No

Answering "yes" will not necessarily exclude you from employment; we will individually assess the relevance of your criminal record to the duties and requirements of the job. If yes, please explain and give the date, location, and disposition of each, and use additional pages if necessary:

REFERENCES (List below three persons who have knowledge of your work performance within the last five (5) years. Please include professional references only.)

Table with 5 columns: Name, Telephone Number, Address, Occupation, Years Acquainted. Contains 3 empty rows for reference entries.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

I certify that the information provided in this application for employment is true, correct, and complete. If I am employed, any misstatement or omission of fact may result in my dismissal.

I hereby release and authorize the company and its agent to verify, inspect, copy, and obtain records pertaining to the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom.

- I understand and agree that
- Business needs may at time make the following conditions mandatory: overtime, shift work, shift changes, rotating work schedule, or weekend work schedules. I accept these as conditions of continuing employment.
- If employed, I will agree not to divulge any confidential information I have gained and to protect UGRA's confidential information.
- This application for employment and any attachment(s) are the property of UGRA and will become part of my personnel file if I am hired.
- If employed by UGRA, I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

As a condition of employment with UGRA, I understand I must pass a drug screen and have satisfactory results on a criminal background check.

I agree and acknowledge that no officer, manager, or employee is authorized to offer irrevocable or unchangeable terms and conditions of employment. UGRA reserves the right to determine the terms and conditions of employment at its sole discretion.

UGRA has reserved the right to administer drug screening procedures under certain circumstances. I consent to participation in any such program(s), and I understand and agree that UGRA may take disciplinary action up to and including termination of employment for failure to pass or refusal to take a drug screen.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT.

THIS APPLICATION MUST BE SIGNED: Signature of Applicant Date

Authorization and Consent to Perform Background Check

I, the undersigned, do hereby authorize and consent to Upper Guadalupe River Authority obtaining and verifying background information on me for the purpose of considering me for employment, and for the purpose of re-verifying my qualification for continued employment, should I be hired. This process may include obtaining and verification of: education, criminal history, credit history, governmental and court public records, social media, personal references, and other information which relates to my background, character, and personal reputation which may be deemed relevant to my employment.

I request that this document, or a copy of it, serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit agencies, law enforcement or criminal record agencies, and other agencies to release information about me to Upper Guadalupe River Authority.

AUTHORIZED BY CANDIDATE/EMPLOYEE:

Printed Full Name

Signature

Date Signed

Previous/Alternate names

Address

Social Security Number

Drivers' License State and Number