



APPLICATION FOR EMPLOYMENT

Prairielands Groundwater Conservation District

Cleburne, Texas

Prairielands Groundwater Conservation District is an equal opportunity employer. Applicants are considered without regard to race, color, religion, creed, gender, national origin, age, disability, genetic information, veteran status, or any other protected classification.

If you need help to fill out this application form or during any phase of the application, interview, or employment process, please notify the person who gave you this form and every reasonable effort will be made to accommodate your needs in a timely manner.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For: _____

How did you learn about this position? _____

Name _____
(LAST) (FIRST) (MIDDLE)

Address _____
(Number and Street) (City) (State) (Zip)

(Home telephone) (Mobile telephone) (Email address)

Best number to contact you? ___ home ___ mobile ___ work (number: _____)

Social Security Number: _____--____--_____

Drivers' License Number (if driving required for job): # _____ / _____ (issuing State)

Have you ever gone by any other names? ___ Yes ___ No

If yes, state all previous names: _____

Are you 18 years of age or older? ___ Yes ___ No

Have you filed an application with us before? ___ Yes (give dates) _____ - _____ ___ No

Have you ever been employed here before? ___ Yes (give dates) _____ - _____ ___ No

Do any of your friends or relatives work here? ___ Yes ___ No

If yes, state name, relationship _____

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

Can you legally work in the United States? ☐ Yes ☐ No
(proof of citizenship or eligibility will be required upon employment)

Date available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time
☐ Temporary (Please indicate dates available: ____/____ - ____/____)

After reviewing the accompanying job description of the position for which you are applying, do you believe you can perform the essential functions of the job, with or without reasonable accommodation? ☐ Yes ☐ No

Have you ever been convicted of a crime, or otherwise pled guilty, *nolo contendere*, or received deferred adjudication for a crime (other than minor traffic violations)? ☐ Yes ☐ No
(Answering "yes" will not automatically disqualify you from employment).

If yes, please explain the facts and circumstances of each occurrence in detail, including dates, locations, courts, whether you served any time, etc.

(Attach additional pages if necessary for a full explanation)

Are you currently subject to a protective order, or are there pending or anticipated legal proceedings which would make you subject to a protective order? ☐ Yes ☐ No
(Answering "yes" will not automatically disqualify you from employment).

If yes, please explain the facts and circumstances of each occurrence in detail, including dates, locations, courts, etc.

(Attach additional pages if necessary for a full explanation)

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status): _____

PERSONAL REFERENCES:

Give name, telephone number and email address of three business/work references who are NOT related to you and are NOT previous employers. If just out of school, list three school references.

Name: Email: Daytime Phone #: Occupation:

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities (you may exclude volunteer activities which indicate race, age, religion, gender, national origin, disability or other protected status).

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	month / year	month / year	
Starting/Final Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	month / year	month / year	
Starting/Final Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
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Employer	Dates Employed		Work Performed
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Supervisor			
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Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	month / year	month / year	
Starting/Final Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper. Include explanation of any gaps in employment: _____

Special Skills and Qualifications:

Summarize why you are interested in this job and what special skills and qualifications acquired from employment or other experience that you would bring to this position.

EDUCATION

	High School	College/University	Graduate/Professional
School Name (s)			
Circle years completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe course of study			
Describe specialized training, apprenticeship, & activities			

Honors Received:

APPLICANT'S STATEMENT

I certify that answers given above are true and complete. I understand that any false statement, misrepresentation, or omission made on this application will be grounds for rejection of my application for employment, or, if I have already been hired, will be grounds for immediate termination.

Signature of Applicant

Date

Authorization and Consent to Perform Background Check

I, the undersigned, do hereby authorize and consent to Prairielands Groundwater Conservation District obtaining and verifying background information on me for the purpose of considering me for employment, and for the purpose of regarding-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, 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 the Company, and hereby release such persons or entities providing such information from liability in any or all claims and damages connected with their providing any requested information.

AUTHORIZED BY CANDIDATE / EMPLOYEE:

Printed Full Name

Signature

Date Signed

Previous / Alternate Names

Address (Street)

Address (City, State, Zip Code)

Social Security Number

Drivers' License / State ID - State and Number