

## TRAVIS COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT 17

3812 Eck Lane • Austin, Texas 78734 • Phone (512) 266-1111 • Fax (512) 266-2790

### **APPLICATION FOR EMPLOYMENT**

### WCID 17 is an Equal Opportunity Employer

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status pursuant to the **Texas Employment Discrimination Law**, and other relevant federal, state and local laws.

PERSONAL INFORMATION	Please Print	
DATE: SOCIAL	SECURITY #:	DRIVER'S LICENSE STATE/ #:
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER: HOME / CELL		WORK:
POSITION APPLIED FOR:		DATE YOU ARE AVAILABLE:
ARE YOU EMPLOYED NOW?	IF SO, MAY WE IN	QUIRE OF YOUR PRESENT EMPLOYER?
DO YOU SPEAK A LANGUAGE OTHE	R THAN ENGLISH? YES / NO	) IF YES, WHICH LANGUAGE(S)?
HAVE YOU BEEN CONVICTED OF A F	FELONY? YES/NO	IF YES, PLEASE EXPLAIN

(Conviction will not necessarily disqualify an applicant for employment.)

<b>EDUCATION</b>	Name and Location of School	Graduate	Subjects Studied and Degrees(s) Received
High School / GED		Yes No	
College		Yes No	
Trade, Business or Correspondence School		Yes No	
Trade, Business or Correspondence School		Yes No	

**<u>MILITARY SERVICE</u>** (A copy of a report of separation from the Armed Services may be required.)

ARE YOU AN ACTIVE RESERVIST? 
YES NO ARE YOU A VETERAN? YES NO IF YES, LIST TYPE OF DISCHARGE: \_\_\_\_\_\_ BRANCH: \_\_\_\_\_ DATES OF SERVICE (From / To): \_\_\_\_\_\_

#### OTHER APPLICABLE TRAINING, QUALIFICATIONS OR LICENSES TECHNICAL

\_\_\_\_\_

#### CLERICAL

PERSONAL COMPUTER SKILLS

### Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		
		From	То	Work Performed
Address				
Telephone Number(s)		Hourly Rat	e/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Em	nployed	
		From	То	Work Performed
Address				
Telephone Number	(s)	Hourly Rat	e/Salary	
•	( )	Starting	Final	
Job Title	Supervisor			
Reason for Leaving	1			
3. Employer		Dates Em	bevolar	
		From	То	Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Err	nploved	
		From	To	Work Performed
Address				
Telephone Number	(s)	Hourly Rat	e/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving	1			

ATTACH RESUME IF YOU HAVE ONE

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

State any additional information you feel may be helpful to us in considering your application.

# **References**

1	(Name)	) Phone #
	(Address)	
2	(Name)	() Phone #
-	(Address)	
3	(Name)	() Phone #
_	(Address)	

I certify that answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge 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 by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSON	NNEL DEPARTMENT USE ONLY
Arrange Interview	s 🗌 No
Remarks	
	Interviewer Date
Employed 🗌 Yes 🗌	No Date of Employment
-	Hourly Rate/
Job Title	Salary Department
By	NAME AND TITLE DATE

#### NOTES\_