



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: _____ EMAIL: _____

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 INQUIRE OF YOUR PRESENT EMPLOYER? _____

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? YES / NO _____ IF YES, WHICH LANGUAGE(S)? _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES / NO _____ IF YES, PLEASE EXPLAIN _____

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

EDUCATION

	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	

MILITARY SERVICE *(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

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

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.

ATTACH RESUME IF YOU HAVE ONE

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

Additional Information

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)

Applicant's Statement

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 PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____