## APPLICATION FOR EMPLOYMENT

**PRINT IN 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 Soil and Water Conservation District 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 be signed**. **Resumes will not be accepted in lieu of applications**, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that the district collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the district to correct any information that is determined to be incorrect.

NAME

MAILING ADDR	(Last) FSS		(First)				(Middle)			AC (	)	
E-MAIL ADDRES	(Street)		(City) (State)			e)	(Zip)	(Count	-y)	AC (	(Home Ph	one)
	es used if different from	name given	on this	applio	cation.	-					(Work pho	one, optional)
List exact title of position or type of work and location for which you wish to apply:  Closi												
List the district wi	th which you wish to app			you have any tionships:	relativ	es work	king for this di	istrict? If so,	list names and			
Full-Time □	Part-Time □	Summer I		Ten	np/Pro	ject □	Date a	vailable	e for wo	ork?		
Are you willing to	work hours other than 8	-5? Yes		No		What	/hat days are you unable to work?					
Are you willing to Travel? Yes □ No □ If yes, what percent of time?												
Current Driver's L	Current Driver's License # (if required for position) (State) (Number)											
Commercial Drive	r's License	Yes		N	0 🗖	ŕ						
Are you at least 17	years of age?	Yes		N	o 🗖							
Geographic pre	ference. (Be specific	to city/are	ea. If r	no pr	eferer	nce, w	rite "state	wide."	)			
in concise detail o conviction may n misdemeanors. EDUCATION (N	on convicted of a felony on a separate page, giving ot disqualify you, but a <b>OTE</b> : Applicants may be trade Completed 1 2 3	g the dates ar a false states e required to	nd natu ment w provid	re of t vill. N	the offorte: S	ense, the ome of ploma.	he name and listricts may , degree, tran	location requires	on of the e additi	e court, and the	ne disposition tion related	to convictions of
Type of	Name and Location			Dates Attended From To			Sem/clock Hours		uated	Expected Graduation	Type of Diploma o	Major/Minor r Fields
School	School		Mo.			r.	Completed	Yes No		Date	Degree	of Study
Undergraduate												
Colleges or Universities												
Graduate Schools												
Technical, Vocational, or												
Business Schools												
Date Received		Time R	eceived	d			Received	by				Page 1 of 4

## AN EQUAL OPPORTUNITY EMPLOYER

	license, certificate, or other auth CENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Quired or related to the Date expires	he position for which License No.	you are applying, complete the follo Issued by/location of issuing authority (State or other authority)	wing:
_	_	-	-		nd machines or office equipment you lware. (Attach additional pages, if ne	
App	roximately how many words pe	r minutes do yo	ou type?			
Sign	Language (if required for this 1	position) Ye	es 🗆 No 🗖	Are you a certifi	ed interpreter? Yes □ No I	٥
Do y	you speak a language other than	English? (If re	equired for this positi	ion) Yes □ No		
If ye	es, what language(s) do you spea	ak?		How fluentl	y? Fair □ Good □	Excellent
Hav	e you ever been employed by ar	ny soil and wate	er conservation distr	ict? Yes □ No	) <b>□</b>	
Are	you currently employed by anot	ther district? Y	Yes □ No □			
If yo	ou have been previously employ	ed by any of th	e districts, list the di	istrict:		
Are Date Are	LITARY SERVICE (A copy of you a veteran? Yes  es of Service (From/To) you a surviving spouse of a vete es, complete dates of service for	No □  eran? Yes	If yes, list type s □ No □	of discharge status		No □
					REFULLY AND INDICAT	
	and complete, and I underefusal to hire or, if hired,	erstand that a termination.	any misstatemen	t, falsification, or o	plication, whether on this docu omission of information may be vide legal proof of authorizatio	e grounds for
	U.S.					
3.	I understand that some D present either proof of reg				quired to register with the Sele	ective Service to
4.	I understand that some d	istricts will ch	heck with the Tex	xas Department o	f Public Safety, the Federal Bເ	ureau of
5.	I authorize any of the personcerning my previous e	sons or orga employment, ects covered	inizations referen education, or an by this applicatio	nced in this applica ny other information, and I release a	ee with applicable statutes. ation to give you any and all in on they might have, personal o all such parties from all liability	r otherwise, with
ТНІ	IS APPLICATION MUST I	BE SIGNED:			<del></del>	
			S	Signature – Applicant		Date

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## **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. Employment history should include **each position** held, even those with the same employer.
- 2. Employer mailing addresses must be complete, including zip code.
- 3. 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 this employment history sheet or attach a typed employment history providing the same information in the same format as the application form.

				Last N	lame		First Name	Middle Name		
Positic	n Title							Immediate Supervisor	Full-Time	T
Emplo	yer:							1	Part-Time	
Mailin	g Addre	ess:						Name	Summer	
City and State/Zip: Employer's Telephone No. AC( )								Title	Temp/Project	1
								Supervisor's Telephone No.	Give average number	er
Startin	g Date	I	Leaving	Date		Current/ Technical		AĈ ( )	of hours worked per	
Mo	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial	If supervisory, number of employees	week if part-time	
							Supervisory/Managerial	you supervised		
Positio	ic reason	n for le	eaving:					Immediate Supervisor	Full-Time	
Emplo	yer: g Addre								Part-Time	+
	g Addre							Name	Summer	-
-		_	ne No. A	4C( )				Title	Temp/Project	
Startin	-		Leaving			Current/	Technical	Supervisor's Telephone No. AC( )	Give average number of hours worked per	-
Мо	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial	If supervisory, number of employees	week if part-time	
IVIO	Day	11	IVIO	Day	11	Filiai Saiaiy	Supervisory/Managerial	you supervised	week it part-time	
Summ	nary of	exper	ience:				,	1)		
Specifi	ic reason	n for le	eaving:						Page 3	3 of

Positio									Immediate Supervisor	Full-Time	
Employer:								Part-Time			
Mailing Address:								Name	Summer		
City and State/Zip:							Title	Temp/Project			
Employer's Telephone No. AC ( )							Supervisor's Telephone No.	Give average numb			
8							Technical		AC ( )	of hours worked	per-
Mo	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial		If supervisory, number of employees	week if part-time	;
							Supervisory/Managerial		you supervised		
	ary of	, p									
Specif		on for	leavin	ıg:							
Positio	n Title								Immediate Supervisor	Full-Time	
Emplo	yer:								1	Part-Time	
Mailin		.22.							Nome		
	d State								Name	Summer	+
-		_		10()					Title	Temp/Project	
				AC ( )					Supervisor's Telephone No.	Give average numb	er
Startin	g Date	I	Leaving	Date		Current/	Technical		AC ( )	of hours worked pe	er-
Mo	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial		If supervisory, number of employees	week if part-time	
							Supervisory/Managerial		you supervised		
Specifi	c reasoi	1 for le	eaving:								
Positio									Immediate Supervisor	Full-Time	
Emplo	yer:									Part-Time	
Mailin	g Addre	ess:							Name	Summer	
City an	d State	Zip:							Title	Temp/Project	
Emplo	yer's Te	lephor	ie No. A	AC ( )					Supervisor's Telephone No.	Give average numb	er
Startin	g Date	I	Leaving	Date		Current/	Technical		AC ( )	of hours worked	per-
Mo	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial		If supervisory, number of employees	week if part-time	;
							Supervisory/Managerial		you supervised		
Summ	ary of			ισ·						Page 4	4 of 4
Specif	.c reas	J11 101	rou v III	·5·						I uge	·