

# THE LAVACA-NAVIDAD 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 "N/A". Do not leave questions blank. Be sure to sign when completed. The Lavaca-Navidad River Authority (LNRA) 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. The LNRA supports the American With Disabilities Act and provides reasonable accommodations for qualified disabled persons. 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.

Name: _____ (Last) (First) (Middle)	Social Security No. _____ - ____ - _____
Mailing Address: _____ (Street) (City) (State) (Zip)	
E-mail Address _____	(_____) _____ (_____) _____ (Home Phone) (Alternate Phone)
List any other names used if different from name on this application _____	

What job position are you applying for? \_\_\_\_\_

Do you have any relatives working for LNRA? List names and relationship. \_\_\_\_\_

Have you ever been employed by the Lavaca-Navidad River Authority? Yes  No

If you have been previously employed by the Lavaca-Navidad River Authority, list positions and dates. \_\_\_\_\_

Full-Time  Part-Time  Summer  Temporary  Date available for work? \_\_\_\_\_

Are you willing to work hours other than 8:00am-4:30pm? Yes  No

What days are you unable to work? \_\_\_\_\_

Are you willing to Travel? Yes  No  If yes, what percent of time? \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Commercial Drivers License? Yes  No   
(State) (Number)

Are you at least 18 years of age? Yes  No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes  No

If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

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

Indicate Highest Grade **Completed**: \_\_\_\_\_ Did you graduate from high school or receive a GED? Yes  No

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 Fields Of Study
		From		To			Yes	No			
		Mo	Yr	Mo	Yr						
Undergrad Colleges Or Universities											
Graduate Schools											
Technical, Vocations, or Business Schools											

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., C.P.A., etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (State or other authority) (City and State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as: calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional sheets, if necessary.)

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Approximately how many words per minute do you type? \_\_\_\_\_

Do you speak a language other than English? Yes  No

If yes, what language(s) do you speak? \_\_\_\_\_ How fluently? Fair  Good  Excellent

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

Are you a veteran? Yes  No  If yes, list type of discharge status: \_\_\_\_\_

Dates of service (From/To): \_\_\_\_\_

Are you a surviving veteran? Yes  No  Are you a surviving orphan of a veteran? Yes  No

If yes, complete dates of service for veteran (From/To): \_\_\_\_\_

**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.
2. Employment history should indicate each position held, even those with the same employer.
3. EMPLOYER INFORMATION MUST BE COMPLETE.

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 this application form.

Employer:						Position Title:					
Mailing Address:						Employer's Telephone No.:					
Supervisor's Name:						Current/Final Salary:					
Start Date			Finish Date			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp <input type="checkbox"/>					
Mo.	Day	Yr.	Mo.	Day	Yr.						
Summary of experience:											
_____											
_____											
_____											
Specific reason for leaving:											
_____											

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Mailing Address:						Employer's Telephone No.:					
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Mo.	Day	Yr.	Mo.	Day	Yr.						
Summary of experience:											
_____											
_____											
_____											
Specific reason for leaving:											
_____											

**PERSONAL REFERENCES**

(Excluding former employees or relatives.)

Name and Occupation	Address	Daytime Phone Number

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

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand and agree that, if hired, my employment is for no definite time and may be terminated at any time for any lawful reason.
3. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S., as required by the Immigration Reform and Control Act.
4. I authorize the persons or organization referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that disclosure of my Social Security Number (SSN) is optional. The Lavaca-Navidad River Authority may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).
6. I authorize the Lavaca-Navidad River Authority to make any investigation of my personal history, and financial and credit record through any investigative or credit agencies\* or bureaus of your choice.
7. I understand that my employment is contingent upon satisfactory completion of a drug screen with negative results and a motor vehicle record check indicating an insurable driving record.
8. I understand that my application will remain active for six (6) months. I may update and renew my application at any time or submit a new one if it has become inactive.

SIGN  
HERE \_\_\_\_\_  
Signature – Applicant \_\_\_\_\_ Date \_\_\_\_\_

\* Note: The provision of the Fair Credit Reporting Act may be applicable if a credit report is obtained and considered.

**Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Lavaca-Navidad River Authority will be based on your merit and on no other consideration.**

=====DO NOT WRITE BELOW THIS LINE=====

Date Received: _____	Time Received: _____
Received By: _____	Date of Initial Interview: _____
Date of Additional Interviews: _____	Position Offered: _____
Division: _____	Starting Rate of Pay: _____
Date Offered: _____	Results: _____
Starting Date: _____	Approved By: _____