



BASTROP COUNTY WCID#2

PO Box 708
 Bastrop, TX 78602
 512-321-1688
 Fax 512-321-1692

Application for Employment

POSITION APPLIED	
Date	Referral Source:
Position applying for	

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Type of employment desired?	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Driver's License #	State	Expiration	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to meet attendance requirements of the position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you work overtime if required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you filed an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been employed here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony in the last 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()

Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

SPECIAL QUALIFICATIONS AND SKILLS

Summarize any special training, skills, certificates and /or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

List any special licenses you hold (CDL, Water or Wastewater licenses, etc.)

License	License Authority
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Date of Issue	Date of Expiration
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License	License Authority
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Date of Issue	Date of Expiration
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License	License Authority
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Date of Issue	Date of Expiration
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List any specialized machinery or equipment you can operate

Machine	Issuing Authority
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Date of Issue	Date of Expiration
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Machine	Issuing Authority
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Date of Issue	Date of Expiration
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Machine	Issuing Authority
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Date of Issue	Date of Expiration
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List any languages that you speak fluently	List any languages that you write /write fluently
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EMERGENCY CONTACT

Full Name	Relationship
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Address	Phone ()
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ADDITIONAL INFORMATION

List any information you would like us to consider.

ADDITIONAL QUESTION

Are you related to any Bastrop County WCID #2 Employee or member of the Board of Directors? YES NO

If yes, what is the relationship

DISCLAIMER AND SIGNATURE

I certify the information in this application is correct to the best of my knowledge. I understand that to falsify information is cause for cancellation of this application and/or separation grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize Bastrop County WCID #2 to request and receive such information. I hereby understand and acknowledge that, unless otherwise stated by applicable law, the employment relationship with the Bastrop County WCID #2 is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time or without cause. It is further understood that the "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 official of the Bastrop County WCID #2. This application is not an employment contract and its use is to screen applicants interested in employment with the Bastrop County WCID #2.

This employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Any applicant tentatively selected for a position with the Bastrop County WCID #2 will be required to submit to a physical and drug and alcohol screening prior to employment.

Reference Check Authorization

I hereby request and authorize all persons, schools, companies, credit bureaus, corporations, law enforcement agencies, and educational institutions to furnish the Bastrop County WCID #2 with any information regarding my employment together with any information they may have regarding me, including motor vehicle records, military records, criminal records, and general reputation. I understand that background checks are routinely conducted on applicants. This authorization is to release said organization and individual(s) from all liability, claims and damages in connection with the furnishing of such information.

Signature

Date

Printed Name

EEO DATA SHEET

Bastrop County WCID #2 is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Bastrop County WCID #2 invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Your voluntary cooperation in providing us with this information will be greatly appreciated.

Name:		Date:	
Last	First	M.I.	Month/Day/Year
Address:			
Street		Apartment #	
City		State	Zip Code
Telephone #'s: (Home):		(Work):	
Date of Birth:		Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Month/Day/Year			
Position Applied For:			

Ethnic Category:

- Native American or Alaskan Native. All persons having origin in any of the original peoples of North America.
- Asian (not Hispanic or Latino). All persons having origins in any of the original peoples of Far East, Southeast Asia, or the Pacific islands. *This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkin and Sri Lanka.*
- Native Hawaiian or other Pacific Islander. (Not Hispanic or Latino) All persons having origins in any of the original peoples of Far East, Southeast Asia, or the Pacific Islands. *This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkin and Sri Lanka.*
- Black or African American (not Hispanic or Latino). All persons having origin in any of the Black racial groups.
- Hispanic or Latino. All persons of Mexico, Puerto Rican, Cuban Central or South America or other Spanish cultures, regardless of race.
- White (not Hispanic or Latino). All persons having origin in any of the peoples of Europe and the Middle East.
- Two or more races (Not Hispanic or Latino).

Other:

- A Qualified Disabled Veteran. A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more; a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- A Vietnam Era Veteran. A person who actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with a honorable discharge or released from active duty for a service-connected injury or disability.
- A Qualified Handicapped Individual. A person who has a physical or mental impairment, which substantially limits one or more of that person's major life activities, or has a record of such impairment, and is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.