



105 Port Road, Port Isabel Texas 78578
 Phone 956-943-2626 Fax 956-943-6662

FOR OFFICE USE ONLY	
Action (s)	Date (s)
_____	_____
_____	_____
_____	_____

APPLICATION FOR EMPLOYMENT “An Equal Opportunity/Affirmative Action Employer”

Instructions: Read the job announcement before filling out this application. Complete each item accurately with detail. Resumes may be submitted but will not be accepted in lieu of a completed application. A District application is required for each Job for which you are applying. Incomplete and/or unsigned applications will not be accepted. In compliance with federal law, all persons employed by LMWD must submit proof of identity (copy of driver’s license and proof of eligibility to work in the United States. The LMWD is a drug free workplace. Applicants who are considered for a position with LMWD will be required to undergo and successfully complete drug and alcohol testing before a position will be offered to them. Employees of LMWD may be required to undergo drug and alcohol testing during the course of their employment in accordance with LMWD policies. The LMWD does not discriminate on the basis of race, color, religion, sex, national origin, age, citizenship status or disability with respect to the terms, conditions or privileges of employment or with respect to recruitment for employment.

PERSONAL DATA

(Last Name) (First Name) (Initial)

(Street Address, RFD, or P.O. Box)

(City) (State) (Zip Code)

Phone Number: _____ **Alternate Phone:** _____

Position Applied For: _____

You will be available to start work effective when? _____

Have you ever been employed by LMWD? Yes No If yes, date(s) _____

Are you or your spouse related to any LMWD officer or employee of this employer? Yes No

If yes, name of officer or employee _____

EDUCATION AND TRAINING

Name of Schools Attended and Location	Dates Attended		Major Field	Degree Received
	From	To		

List and describe any training licenses, certifications, language proficiencies or other qualifications which have not been previously listed that you believe relate to the position for which you are applying. Be specific.

SKILLS

List all skills and other training you have received and that you believe will allow you to perform the work required.

EMPLOYMENT EXPERIENCE

List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper.

May inquiry be made of your present employer? Yes No

NAME AND ADDRESS OF EMPLOYER	FROM		TO		REASON FOR LEAVING
	Mo.	Yr.	Mo.	Yr.	
POSITION HELD & DESCRIPTION OF DUTIES:					
Supervisor:					
Telephone:					
Salary:					
NAME AND ADDRESS OF EMPLOYER	FROM		TO		REASON FOR LEAVING
	Mo.	Yr.	Mo.	Yr.	
POSITION HELD & DESCRIPTION OF DUTIES:					
Supervisor:					
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	Mo.	Yr.	Mo.	Yr.	
POSITION HELD & DESCRIPTION OF DUTIES:					
Supervisor:					
Telephone:					
Salary:					

ADDITIONAL INFORMATION

By law, you must be authorized to work in the United States in order to be employed by the Laguna Madre Water District. If you are one of the following, please check this box:

- A citizen or a national of the United States.
- An alien lawfully admitted for permanent residence.
- An alien authorized by the Immigration and Naturalization Service to work indefinitely in the United States.

Have you ever been convicted of a felony or other crime? Yes No

If yes, please explain. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)

If the position for which you are applying requires operating a motor vehicle, do you have a valid Texas driver's license?

Yes No If yes, type of license: Operator Commercial Type _____ Chauffeur

REFERENCES

List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

Have you been fired or asked to resign from a job within the last five years? YES NO

How did you find out about this vacancy? Newspaper _____ Work in Texas _____ LMWDEmployee _____

Other _____, Specify _____

ATTESTATION

I hereby authorize this employer to review and obtain my employment records from all of the employers listed above, and by my signature below, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of driver's license, all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I understand that any misrepresentation made in this application will result in failure to hire me or, in the event of my employment, will result in my discharge.

I understand and agree that any offer of employment will be contingent upon my satisfactorily passing a drug, alcohol, test and a background check.

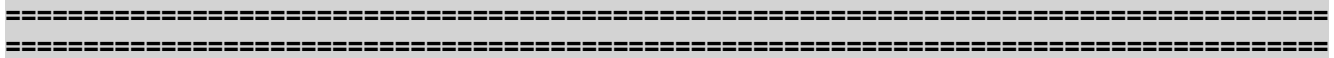
Further, I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

NOTE: If you are called for an interview, you must bring your valid driver's license, copy of High School Diploma, GED Certificate, College Transcripts, Copy of Degree, Copy of any other Training Certificates.

Signature of Applicant: _____

Date: _____



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Interviewed by: _____ Date: _____
Date of Employment: _____ Position Title: _____
Hourly Rate/Salary: _____ Department: _____