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Pearland, Texas 77581

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Brazoria Drainage District No. 4

Application for Employment

(An Equal Opportunity Employer)

PERSONAL INFORMATION

Name _____ Social Security # _____ - _____ - _____
Last First MI

Present Address _____
Address City State Zip

Phone No. () _____ Are you 18 years or older? Yes No

Are you a US Citizen or Alien authorized to work in the US? Yes No

EMPLOYMENT INFORMATION

Position applying for _____ Date you can start ____/____/____

Salary desired \$ _____ Have you ever applied with us before? Yes No

Referred by _____

Do you and/or your spouse have any relatives who are employed by the District? Yes No

If "yes" give name(s) and relationship(s) _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/achieve GED? Yes No
If yes, what year: _____

Type of School	Name and Location of School	Dates Attended	Semester Hours Completed	Graduated Yes/No	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
Under-Graduate							
Graduate							
Technical, Vocational, Business							

(NOTICE: Applicants will be required to provide verification of diploma, degree, transcripts, licenses, certifications and registration)

Are you attending classes? _____ Where _____

Course(s) being taken _____

GENERAL

US Military Service? Yes No Branch _____ Rank _____

Current Reserves or National Guard? Yes No

What was the highest grade or rank you attained? _____

What was your grade or rank at time of discharge? _____

Type of discharge you received? _____

What honor, awards and decorations did you receive? _____

Do you have a valid driver's license? Yes No Class C B A (*Class C is a normal license*)

SPECIAL QUALIFICATIONS & TECHNICAL SKILLS

(Fill in only major job category that applies, if any)

Do you currently hold a valid CDL? Yes No If "yes" please complete the following:

Class _____ Number _____ Expiration Date _____

Is there any "restriction" placed on your CDL? _____ If "yes", what is the "code" for restriction _____

Have you ever had a CDL revoked? _____

If "yes" for what reason was it revoked? _____

If you do not currently hold a valid CDL, do you know of any reason why you might not qualify for a valid CDL? Yes No

If "yes" please explain: _____

Machinery you can operate (check all that apply and add any other equipment) Dozer ___ Gradall ___ Dump Truck ___

Dragline ___ Tractor ___ Excavator ___ Other skills: _____

ADMINISTRATIVE

If applying for a clerical/secretarial position, what office equipment can you operate? _____

What are your typing skills? _____ wpm

In what computer software programs are you proficient (check all that apply): Microsoft Office ___ Word ___

Excel ___ PowerPoint ___ Access ___ Outlook ___ WebDesign ___ Other Packages _____

If applying for a clerical position in accounting, what bookkeeping training and experience have you had?

PROFESSIONAL

If you are a **Civil Engineer**, are you a "Registered Professional Engineer"? _____

If "yes" please fill-in the name of the issuing state and your license number:

State _____ Number _____

WORK HISTORY (begin with your most recent job and work back ten (10) years)

1. Employer _____ Address _____
City _____ State _____ Zip Code _____ Telephone No. () _____
Date Started: ____/____/____ Date Ended: ____/____/____ Salary-Start \$ _____ Salary-End \$ _____
Your Title: _____ Immediate Supervisor: _____
Describe work performed: _____

Reason for leaving: _____

2. Employer _____ Address _____
City _____ State _____ Zip Code _____ Telephone No. () _____
Date Started: ____/____/____ Date Ended: ____/____/____ Salary-Start \$ _____ Salary-End \$ _____
Your Title: _____ Immediate Supervisor: _____
Describe work performed: _____

Reason for leaving: _____

3. Employer _____ Address _____
City _____ State _____ Zip Code _____ Telephone No. () _____
Date Started: ____/____/____ Date Ended: ____/____/____ Salary-Start \$ _____ Salary-End \$ _____
Your Title: _____ Immediate Supervisor: _____
Describe work performed: _____

Reason for leaving: _____

Which of these jobs did you like best? _____

What did you like best about this job? _____

Have you been demoted, fired or asked to resign from a job? Yes No

If "yes" please explain _____

OTHER

What license and/or certifications do you hold that are related to the job that you are applying for?

PERSONAL REFERENCES (Give the names of 3 persons not related to you, whom you've known at least 1 year)

Name	Phone No.	Address	Relationship	Years Known
1.				
2.				
3.				

I hereby declare that I am not disabled in any way which would prevent me from steadily performing all the work applied for in this application. I further declare that the answers to the questions are correct and that any misstatement of fact or omission should be cause for dismissal or rejection. I authorize Brazoria Drainage District No. 4 to contact any of my previous employers as well as any person, firm, or corporation given above as a reference, in order to verify the facts and information I have furnished. I also authorize and request each former employer and any person, firm, or corporation given above as a reference, to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application, or concerning me or my work, habits, character, or skill, or my action in any transaction. I hereby release from liability and agree to hold harmless any person that furnished such information in good faith.

I agree to submit myself, on request, for physical examination by a doctor selected by Brazoria Drainage District no. 4, and at their expense, and understand that, failing to pass said examination, I will not be retained in the district's service. However, I understand and agree that a failure to request such an examination on the part of the district shall in no way release me from any responsibility of disclosure of any medical condition now existing or having existed in the past which may affect my ability to work or which may be the basis of a future disability. In consideration of any employment offered under this application, I agree that, if at any time I shall make a claim against Brazoria Drainage District No. 4 for personal injuries, I shall submit myself to a physician or physicians of the District's selection as often as may be requested, and on my refusal to submit to such examination, the claim shall be deemed waived, or if I have begun legal action, it shall abate.

I also agree that I will submit to a urinalysis and/or blood analysis or other examination requested by Brazoria Drainage District No. 4 at any time prior to or subsequent to my employment. I understand that no firearms, alcohol, or drugs are permitted on Brazoria Drainage District No. 4 premises or job sites, and that either being under the influence of illicit drugs and alcohol, or having identifiable traces of them in my system during working hours is strictly prohibited. If medication is prescribed by a doctor, I am required to so notify management, in writing, of the specific medical problem and the exact drug that has been prescribed, immediately upon reporting to work.

I authorize Brazoria Drainage District No. 4 to supply my employment record in whole or part and in confidence to any employer, insurance agency or other party with a legal and proper interest, and I hereby release Brazoria Drainage District No. 4 from any liability and agree to hold harmless any employee of the company who furnishes such information.

I understand that my employment is for no fixed time and may be discontinued with cause or notice by Brazoria Drainage District No. 4. I understand that no employee or officer or agent of Brazoria Drainage District No. 4 may bind it by oral or printed statements, including handbooks, benefit books, or bulletins, contrary to the above.

Finally, I have carefully read and understood the above statement and I agree with all of the above terms and conditions should I enter into the employment of the Brazoria Drainage District No. 4. I have had the opportunity to ask questions to clarify any of the statements contained above. I further state that all information and representations made in the foregoing application is true and correct.

Signature

Date