

Once this form is completed email to leti@jhwcid2.com

JIM HOGG COUNTY WCID # 2
481 OLD CEMETERY RD.
P.O. BOX 148
HEBBRONVILLE, TEXAS 78361
(361)527-3287
(361) 527-3420

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability or any other legally protected status.

An Equal Opportunity Employer
Personal Data

Date of Application _____ Social Security No. _____

Name: _____

Current Address: _____

Other address where you may be reached: _____

Work Phone No. _____ Home Phone No. _____

Position for which applying: _____

Date available to start employment: _____

Former Jim Hogg County WCID # 2 Employee? Yes _____ No. _____

If yes, give dates of employment _____

Check highest level attained

- _____ High School Graduate
- _____ GED
- _____ Two or more years of College
- _____ Other training or Education
- _____ Operator's Certification (expiration date).

Work Experience

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first. Attach additional sheets if necessary.

Employer Location Position/Title Date Employed Reason for Leaving:

Special Skills.

Do you Type? Yes _____ No _____

List specific skills and / or any machines or equipment you can operate.

1. _____
2. _____
3. _____
4. _____

Employment References

Give names, occupation, addresses and phone numbers of character references (not relatives or former employers).

Full Name of Reference Address Area Code/Phone No.

General Information

Do you have friends or relatives who work here? Yes _____ No _____ If yes, please give names of friends or relationship: _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling and indecency with a minor) and/or received probation or deferred adjudication?
Yes _____ No _____ If yes, please state when and nature of offense: _____

Have you ever been involuntarily terminated from other employment? Yes _____ No _____
If yes, please explain: _____

Why do you desire to leave your present position, or why did you leave your last position? _____.

*The maintenance applicant must obtain a Grade C Certificate from Texas Commission on Environmental Quality within a year of employment.

- The Water District reserves the right to have applicants subject to a substance abuse screening and if employed, an annual screening.
- Conviction of a felony is not an automatic bar to employment. The District will consider the nature, date and relationship between and the position for which you are applying.

Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that result from furnishing same to you.

This application becomes the property of the Jim Hogg County WCID # 2. The Water District reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

SIGNATURE: _____

COPY OF VALID DRIVER'S LICENSE NO.: _____

ISSUING STATE: _____

JIM HOGG COUNTY WCID#2

Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or tests as shall be determined by JHCWCID#2 in the selection process of applicants for employment, for the purpose of testing for illegal drugs or alcohol.

I agree that an JHCWCID#2 selected vendor may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the organization for analysis.

I further agree to and hereby authorize the release of the results of said test to JHCWCID#2.

I understand that a positive, confirmed test for illegal drugs or alcohol will prohibit me from being employed at this organization.

I further agree to hold harmless JHCWCID#2 and it's agents from any liability arising in whole or part out of collection of specimens, testing, and use of the information from said testing in connection with the organization's consideration of my employment application.

I further agree that a reproduced copy of this Pre-Employment Consent and Release Form shall have the same force and effect as the original.

I further agree that JHCWCID#2 can and will do random testing during my employment with them.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of the Consent and Release Form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:
Print Name: _____ Social Security No. _____

Applicant:
Signature: _____ Date: _____

JIM HOGG COUNTY WCID #2
Background Check Consent Statement

I understand that if Jim Hogg County WCID #2 offers me employment, a background check will be administered, to be used solely for employment-related purposes.

I understand that an offer of employment from JHCWCID #2 will be contingent on the receipt and evaluation of the background check report. If offered employment, I will provide JHCWCID #2 with my Valid Driver's License Number, Social Security Number and Date of Birth to permit a background check to occur. Failure to provide consent or the required information "after receipt of an offer of employment will result in the withdrawal of any offer of employment. If JHCWCID #2 hires me, it may request additional reports about me for employment-related purposes during the course of my employment. I understand that if JHCWCID #2 hires me, my consent will apply throughout my employment to the extent permitted by law.

I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of said Background Check to JHCWCID #2 within the terms of this Statement. This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that JHCWCID #2 may request.

Name (print) _____
 (First) (Middle) (Last)

Address _____ Telephone _____

Social Security No. _____ Date of Birth _____

Signature _____

Date _____