

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 EMPLO Instructions: Read the job announcement before submitted but will not be accepted in lieu of a applying. Incomplete and/or unsigned applic LMWD must submit proof of identity (copy drug free workplace. Applicants who are considering and alcohol testing before a position will testing during the course of their employment in color, religion, sex, national origin, age, citized or with respect to recruitment for employment.	ore filling out this application. Completed application. A District apations will not be accepted. In complete driver's license and proof of eligical sidered for a position with LMWD was be offered to them. Employees of Leaccordance with LMWD policies. The accordance with LMWD policies. The accordance with LMWD with respect to	ete each item accurately pplication is required further pplication is required further with federal 1 bility to work in the U will be required to unde MWD may be required to the terms, condition	with detail. Resumes may be or each Job for which you are aw, all persons employed by nited States. The LMWD is a rgo and successfully completed to undergo drug and alcohol criminate on the basis of race, as or privileges of 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 wo	rk effective when?		
Have you ever been employed by LMWD?	Yes No If yes, date(s)	1	
Are you or your spouse related to any LMWl			☐ Yes ☐ No
If yes, name of officer or employee			
,			
EDUCATION AND TRAINING			
Name of Schools Attended and Location	Dates Attended From To	Major Field	Degree Received
List and describe any training licenses, certificated that you believe relate to the position for			nave not been previously

_				_
c	ĸ			c
. 7	N	 _	_	. 7

List all skills and other training you have received and the	at you believe w	ill allo	w you t	o perfo	rm the work required.
EMPLOYMENT EXPERIENCE List each position held. Start with your present or most replease continue on separate sheet(s) of paper.	ecent assignmen	t and w	ork bac	kward.	If you need additional space,
May inquiry be made of your present employer? \square Y	es 🗆 No				
NAME AND ADDRESS	FR	FROM		0	REASON FOR LEAVING
OF EMPLOYER		Yr.	Mo.	Yr.	
	POSIT	I ION F	 ELD 8	DESC	CRIPTION OF DUTIES:
Supervisor:					
Telephone:					
Salary:		014		-	
NAME AND ADDRESS OF EMPLOYER	Mo.	OM Yr.	Mo.	O Yr.	REASON FOR LEAVING
			1		
	POSIT	ION F	IELD 8	DESC	CRIPTION OF DUTIES:
Supervisor:					
Telephone:					
Salary:					
NAME AND ADDRESS OF EMPLOYER		ОМ	+	0	REASON FOR LEAVING
OF EMIPLOTER	Mo.	Yr.	Mo.	Yr.	
	POSIT	ION F	IELD 8	DESC	CRIPTION OF DUTIES:
Supervisor:					
Telephone:					
Salary: NAME AND ADDRESS	FD	OM	т т	0	REASON FOR LEAVING
OF EMPLOYER	Mo.	Yr.	Mo.	Yr.	REAGONT ON LEAVING
	POSIT	TION F	IELD 8	DESC	CRIPTION OF DUTIES:
Supervisor:					
Telephone:					
Salary:					

	MATION		
By law, you must be authorized you are one of the following, ple	to work in the United States in order to be ase check this box: \square	employed by the Lagun	a Madre Water District. If
 An alien authorized by 	of the United States. ted for permanent residence. the Immigration and Naturalization Servic f a felony or other crime? Yes N		the United States.
requires the operation of a moto	omit convictions for minor traffic violation vehicle. Conviction will not result in your of conviction, and the relevance of the cr	ır automatic disqualificat	tion for employment. The
	applying requires operating a motor vehic of license:		exas driver's license?
REFERENCES List three persons not related to	you who are qualified to describe your cap	abilities for the position	you seek.
Name	Address	Phone	Occupation
_			

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.

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: <u>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.</u>

Signature of Applicant:	Date:	_
		======
FOR OFFICIAL USE ONLY		
Interviewed by:	Date:	
Date of Employment:	Position Title:	
Hourly Rate/Salary:	Department	