



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 From To	Major Field	Degree Received

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

<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>FROM</b>		<b>TO</b>		<b>REASON FOR LEAVING</b>
	Mo.	Yr.	Mo.	Yr.	
	<b>POSITION HELD &amp; DESCRIPTION OF DUTIES:</b>				
<b>Supervisor:</b>					
<b>Telephone:</b>					
<b>Salary:</b>					
<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>FROM</b>		<b>TO</b>		<b>REASON FOR LEAVING</b>
	Mo.	Yr.	Mo.	Yr.	
	<b>POSITION HELD &amp; DESCRIPTION OF DUTIES:</b>				
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	Mo.	Yr.	Mo.	Yr.	
	<b>POSITION HELD &amp; DESCRIPTION OF DUTIES:</b>				
<b>Supervisor:</b>					
<b>Telephone:</b>					
<b>Salary:</b>					

## 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.)

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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 ( ) ND

Have you even been discharged from the armed forces under other than honorable conditions? ( ) YES ( ) ND

How did you find out about this vacancy? Newspaper \_\_\_\_ Work In Texas \_\_\_\_ LMWD Employee \_\_\_\_

Other \_\_\_\_, Specify \_\_\_\_\_

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# 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, social security card, 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.

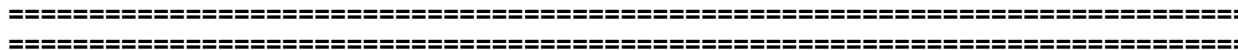
I understand and agree that any offer of employment will be contingent upon my satisfactorily passing a drug and alcohol test. Further, I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any 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, social security card, and copy of High School Diploma, GED Certificate, College Transcripts, Copy of Degree, Copy of any other Training Certificates.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## FOR OFFICIAL USE ONLY

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

Date of Employment \_\_\_\_\_ Position Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_