

GREEN VALLEY SPECIAL UTILITY DISTRICT

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

(All Medical Information Will Be Treated Confidentially)

Position you are applying for: _____

Personal Information

Name _____
First Middle Last

Address _____
Box or Street City State Zip

Phone # _____ Social Security # _____
Home Office Other

Drivers License# _____ Exp. Date _____ Type/Class _____

(Used to obtain driver's license check pursuant to Section 37, Article, 6687B, V.T.C.S.)

Presently Employed? Yes or No May we contact your present employer? Yes or No

Education and Training

| | Name of School | Major Course of Study | Graduated Yes/No |
|--------------------------|----------------|-----------------------|---------------------|
| High School | | | |
| College | | | |
| Post Graduate Work | | | |
| Trade or Business School | | | |

Special Training

Indicate any special training or certifications you have received: _____

Special Skills

List and describe any special skills you may have such as office machines, machine operator, computer programmer, heavy equipment operator, ect. _____

Military Service

Branch of Service _____ Time in Service _____ Rank at Discharge _____ Reserve Status _____

Service Duties _____

Service Schools _____

Employment Record (Starting with most recent employer)

1. Present or last position: _____

Description of duties: _____

Name of Employer _____ Address _____

Dates: From _____ To _____ Starting Salary _____ Ending Salary _____

Name and title of supervisor _____ Phone # _____

Reason for Leaving _____

2. Prior position: _____

Description of duties: _____

Name of Employer _____ Address _____

Dates: From _____ To _____ Starting Salary _____ Ending Salary _____

Name and title of supervisor _____ Phone # _____

Reason for Leaving _____

3. Prior position: _____

Description of duties: _____

Name of Employer _____ Address _____

Dates: From _____ To _____ Starting Salary _____ Ending Salary _____

Name and title of supervisor _____ Phone # _____

Reason for Leaving _____

4. Prior position: _____

Description of duties: _____

Name of Employer _____ Address _____

Dates: From _____ To _____ Starting Salary _____ Ending Salary _____

Name and title of supervisor _____ Phone # _____

Reason for Leaving _____

Personal References

List below the names of 3 people with whom you are acquainted. Business addresses and phone numbers are preferred. Do not list relatives.

| | Name | Address | Phone # | Occupation |
|---|------|---------|---------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Additional Remarks

1. Have you ever been convicted, plead guilty or plead nolo contendere to a felony? Yes or No

If yes, explain:

2. Give any additional information that might help us evaluate your qualifications:

I declare all statements contained herein to be true and correct to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application may be considered cause or dismissal.

I understand that the successful completion of medical examination (including a drug and alcohol screen) is required by GVSUD as a condition of employment. I understand that if hired, my employment will be for an indefinite time and that my employment may be terminated for any reason at any time without advance notice. I understand that GVSUD may amend, modify or revoke any of its rules, regulations or employment policies at any time. I understand that the rules, regulations or employment policies of GVSUD do not create a personal contract of employment. I have read this entire application and understand its terms.

I authorize GVSUD to communicate with schools, references, former employers (unless otherwise noted), and any others whom it desires, and agree to hold such persons harmless with respect to any information they may give.

Applicant Name _____ Date _____

Applicant Signature _____

| FOR HUMAN RESOURCES ONLY | |
|----------------------------------|---------------------------------|
| Interview _____ / _____ / _____ | Interview _____ / _____ / _____ |
| Drug _____ / _____ / _____ | Physical _____ / _____ / _____ |
| Start Date _____ / _____ / _____ | Salary _____ |

Green Valley Special Utility District
AN EQUAL OPPORTUNITY EMPLOYER
NOTICE TO APPLICANTS FOR EMPLOYMENT

Please read carefully and ask questions about any part of this form that you do not completely understand.

GVSUD requires certain information and tests of applicants for employment. Only information that is necessary for work purposes will be required and all medical information will be kept confidential.

1. **Employment Application:** A completed and signed application form is required prior to employment.
2. **Reference Check** of previous employers or other contacts provided by the applicant including the optional possibility of background investigation check, will be completed by GVSUD.
3. **Pre-Employment Drug Screening Tests** are required for all prospective employees. Additional examinations and tests may be required for some positions and as part of investigations.
4. **Physical Examinations** by a qualified medical doctor selected by GVSUD may be required for prospective employees following conditional offer of employment.
5. **Driving Record:** A check of the driving record for all employees will be required.
6. **Tests:** Job-related test(s) may be requested of applicant to determine the applicant's qualifications for current or future job.
7. **Other Information:** Additional information may also be requested as required to select the applicant best suited for a position or to complete an investigation for violations of policy or work rules.

The information listed above was reviewed by the applicant whose signature appears below. Their signature indicates their understanding of the information and agreement to provide requested data and or participate in required tests. Failure to do so will be considered reasonable grounds for disqualification as an applicant.

Applicant Name _____ Date _____

Applicant Signature

GVUSD Representative

We hope all applicants will understand that all requested information is for the purpose of providing a safe and secure work place and selecting employees well suited to serve our customers.

Upon Completion of this form, sign where indicated. Mail or return to the GVSUD Office.

Mail to: GVSUD, Attn: Pam, PO Box 99, Marion, TX 78124.

Physical Address: 529 S. Center, Marion, TX 78124