APPLICATION FOR EMPLOYMENT



Submit to: WEST TRAVIS COUNTY PUBLIC UTILITY AGENCY 13215 Bee Cave Parkway Building B, Suite 110 Bee Cave, Texas 78738 Office: 512/263-0100 Fax: 512/263-2289 www.wtcpua.org

PLEASE PRINT OR TYPE. Fill out the application form completely. If any questions are not applicable, enter N/A. Do not leave questions blank. Be sure to sign when completed. The West Travis County Public Utility Agency is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, genetic information or veteran status. A resume will also be accepted but only to supplement this application.

| Name | Last | | First | Middle |
|--------------------------------|----------------------|-------|---------------|----------|
| Mailing Address (Street/Route) | City | State | | Zip Code |
| Telephone () | Other Contact Number | | Email Address | |

| Position or type of work for which you wish to apply: | If you are employed, may we contact your present employer? | | | |
|--|--|--|--|--|
| | \Box Yes \Box No | | | |
| | Have you been employed under any other name? | | | |
| | \Box Yes \Box No | | | |
| | Have you ever been employed by the WTCPUA? | | | |
| Date available to work: | \Box Yes \Box No | | | |
| | If yes, give dates of employment and department/job title | | | |
| Available for: □ Full-time □ Part-time | | | | |
| □ Seasonal □ Temporary | | | | |
| | | | | |
| Are you willing to work hours other than 8-5? | Are you related to any WTCPUA employee or member of the Board of | | | |
| \Box Yes \Box No | Directors? | | | |
| Are you willing to work days other than Monday-Friday? | \Box Yes \Box No | | | |
| \Box Yes \Box No | If yes, give name & relationship: | | | |
| Can you show proof of eligibility to work in this country? | | | | |
| □ Yes □ No | | | | |
| Are you under 18 years of age? | | | | |
| \Box Yes \Box No | | | | |

Education and Training – Applicants may be required to provide proof of diploma and degree, transcripts, licenses and certifications.

Circle highest grade completed: 7 8 9 10 11 12 Did you graduate/achieve GED? $\ \Box$ Yes $\ \Box$ No

School Name

City/State

| College(s) attended | Location | Major | Type of Degree Earned |
|---------------------|----------|-------|-----------------------|
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Please list any other training and education including trade school, business college, etc. which would further qualify you for the position.

Special Skills/Qualifications – If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

| License/Certification | Date Issued | Issued By (State or other Authority) | License Number | Location of Issuing Authority (City/State) |
|--|------------------------|--|-------------------------|--|
| | | | | |
| | | | | |
| List all special skills you possess rele | evant to the job you a | are applying for, such as mac | hinery, equipment, comp | uters, or software. |

| Employment Record – This information will be the official record of your employment history and must accurately reflect all | | | | | |
|---|--|---|--|---------------------------|--|
| significant duties performed. Include ALL employment. Begin with your current or last position and work back to your first | | | | | |
| position. If you need additional space to | position. If you need additional space to adequately describe your employment history, you may use or attach a separate sheet. | | | | |
| Name, Address & Phone Number | Name, Address & Phone NumberFROM (mo/yr)TO (mo/yr)Immediate SupervisorLast Salary | | | | |
| | / | / | | (Hourly, Monthly, Yearly) | |
| Job Title | | | | | |
| Name of Employer | Name of Employer Phone () | | | | |
| Address | | | | | |
| Duties | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |

| Employment Record – This information will be the official record of your employment history and must accurately reflect all | | | | |
|---|--|-----------------|--------------------------------|---------------------------|
| significant duties performed. Include ALL employment. Begin with your current or last position and work back to your first | | | | |
| position. If you need additional space to | adequately descri | be your employi | nent history, you may use or a | ttach a separate sheet. |
| Name, Address & Phone Number | ne Number FROM (mo/yr) TO (mo/yr) Immediate Supervisor Last Salary | | | |
| | / | / | - | (Hourly, Monthly, Yearly) |
| Job Title | | | | |
| Name of Employer Phone () | | | | |
| Address | | | | |
| Duties | | | | |
| | | | | |
| | | | | |
| Reason for Leaving | | | | |

| Employment Record – This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include ALL employment. Begin with your current or last position and work back to your first position. If you need additional space to adequately describe your employment history, you may use or attach a separate sheet. | | | | | |
|--|--------------|------------|----------------------|---------------------------|--|
| Name, Address & Phone Number | FROM (mo/yr) | TO (mo/yr) | Immediate Supervisor | Last Salary | |
| | / | / | | (Hourly, Monthly, Yearly) | |
| Job Title | | · ' | | | |
| Name of Employer | | | Phone | , (| |
| Address | | | | | |
| Duties | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |

Have you ever been convicted of, pled guilty to or pled no contest to a criminal charge, or have you ever received probation or deferred adjudication for a criminal charge?

 \Box Yes \Box No

If your answer is "yes," explain in detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will. The Agency will consider applicants whose criminal record does not pose a possible threat to the security, reputation, and/or trustworthiness of the Agency, taking into account the relevance of the criminal record to the duties of the position, the amount of time that has passed since any criminal convictions, and the seriousness of any criminal acts.

Applicant's Statement – Please read and sign below.

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and correct. I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

2. I understand that offers or employment may be conditional upon my passing a drug screening, background check and driver's license check.

3. I understand that, as a condition of employment, I will be required to complete an I-9 form and provide the required legal proof of authorization to work in the United States.

4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

5. I understand that business needs may at times make the following conditions mandatory: overtime, changes in work schedule, or work week.

6. I further understand that, if employed, I will abide by all policies, rules and procedures of the West Travis County Public Utility Agency.

Signature

Date