



Hill Country Soil & Water Conservation District #534 APPLICATION FOR EMPLOYMENT

For Agency Use Only

Date received	_____
Time received	_____
Received by	_____

Job Applicant No. _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The Hill Country Soil and Water Conservation District (SWCD) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. **Resumes will not be accepted in lieu of applications but may be submitted with completed application.**

NAME _____
(Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS _____
(Street) (City) (State) (Zip) (Country) (Work Phone, Optional)

E-MAIL ADDRESS _____

List any other names used if different from name on this application. _____

List exact title of position or type of work and location for which you wish to apply:	
Have you been previously employed by the Hill Country SWCD or any other SWCD?	Do you have any relatives working for this or any other SWCD? If so, list names and relationships:

Full-Time Part-Time Summer Temp/Project Date available for work? _____ Are you at least 17 years of age? Yes No

Are you willing to work hours other than 8-5? Yes No What days are you unable to work? _____

Are you willing to travel? Yes No If yes, what percent of time? _____

Do you have a valid Driver's License Yes No Commercial Driver's License Yes No

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Hill Country SWCD may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes No If yes, name and location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

AN EQUAL OPPORTUNITY EMPLOYER

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

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

I certify that the above information is correct and complete to the best of my knowledge and belief. I make this statement with the knowledge that any false or misleading statement or omission of material fact MAY BE SUFFICIENT CAUSE FOR DISMISSAL. I authorize the district to verify any of the information I have submitted in this application.

THIS APPLICATION MUST BE SIGNED SIGN HERE:

X

Signature – Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name _____

Last

First

Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$				
Summary of experience including special training/skills/qualifications you have used in the performance of this job:										
Specific reason for leaving:										
Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:						Immediate Supervisor Name: Title: Supervisor's Telephone No.:			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>		If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$				
Summary of experience including special training/skills/qualifications you have used in the performance of this job:										
Specific reason for leaving:										

