

Wintergarden Groundwater Conservation District
P. O. Box 1433
Carrizo Springs, TX 78834
830-876-3801
830-876-3782 FAX
www.wgcd.net (Email wgcd@wgcd.net)
"An Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

Date of application _____
Position Applied For _____

PERSONAL INFORMATION

Applicant's Full Legal Name _____

Applicant's Full Address _____

City State Zip Code

Daytime Telephone _____

Email Address _____

Social Security # _____

Driver's License # _____ State _____

Can you provide proof of eligibility to work in the United States? Yes No

Have you ever worked for this District before? Yes No

Do you have any relatives who work for the District or serve on the Board of Directors?
 Yes No

If yes, please list them _____

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years?

(Criminal convictions are not an automatic bar to employment, but will only be considered in relation to specific job requirements.) Yes No

If yes, explain. _____

What is your minimum salary requirement? _____

Date available to begin employment. _____

Do you have any commitments to another employer that might affect your employment with us?
 Yes No If yes, explain. _____

List any language, other than English, that you fluently speak, read or write. _____

EDUCATION AND TRAINING

Institution	Institution Name and Address	Degree/Major/Course of Study
High School		
College		
Other		

Summarize any special skills or qualifications you possess that would enhance your employment with the District.

EMPLOYMENT HISTORY

List all work experience for the past ten (10) years, beginning with the present or most recent job. (Attach resume.)

Employer _____

Position Held _____ Dates of Employment _____ to _____

Duties _____

Reason for Leaving _____

Supervisor: _____ May we contact? ___ Yes ___ No

Supervisor Contact Information _____

Last Salary _____

Employer _____

Position Held _____ Dates of Employment _____ to _____

Duties _____

Reason for Leaving _____

Supervisor: _____ May we contact? ___ Yes ___ No

Supervisor Contact Information _____

Last Salary _____

Employer _____
 Position Held _____ Dates of Employment _____ to _____
 Duties _____
 Reason for Leaving _____
 Supervisor: _____ May we contact? ___ Yes ___ No
 Supervisor Contact Information _____
 Last Salary _____

REFERENCES (LIST THREE (3) NON-RELATIVE INDIVIDUALS WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS.

Name	How do they know you?	Telephone Number

Please include any other information you think would be helpful to the District in considering you for employment. You may omit all information that would indicate age, sex, race, religion, color, national origin, or handicap.

AGREEMENT - Please read the following statement carefully:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give the District any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties, such persons and the District, from liability for any damage that may result from furnishing same to the District.

I hereby authorize the District now, or at any time while I am employed by the District, to obtain a consumer report or investigative consumer report on me, as applicable. This authorization does not include the release of any medical information.

Signature _____ Date _____

