



APPLICATION FOR EMPLOYMENT

Position:	Date of Application:
Name:	Social Security #:
Address:	Home Phone #:
City, State, Zip:	Cell Phone #:
Do you have a valid Texas Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Date available to begin working:
	Are you employed now <input type="checkbox"/> Yes <input type="checkbox"/> No
	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not wish to work full-time, specify the number of hours per week you wish to work?	

EDUCATIONAL HISTORY				
School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational/Trade				

EMPLOYMENT HISTORY <i>(List present and previous employers beginning with most recent employer.)</i>			
Position	Company	Supervisor	Contact Information
Start of Employment	End of Employment	Final Salary	Reason for Leaving
Duties and work performed:			

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Start of Employment	End of Employment	Final Salary	Reason for Leaving
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Duties and work performed:			

SKILLS / ABILITIES
Please list any unique skills or qualifications acquired from previous employment or other experiences that you feel may be helpful to us in considering your application.

REFERENCES <i>(List three references who are not relatives, whom you have known at least one year.)</i>			
Name	Company	Title	Contact Information

ELIGIBILITY	
Are you over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please include probation, deferral adjudication, or any other form of court ordered supervision. (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. Certain factors including the nature and date of the offense and their relationship to the position for which you are applying will be considered.)	
If yes, please specify the date, place, and nature of the crime.	

CAMERON COUNTY DRAINAGE DISTRICT NO. 1	
Have you previously applied for employment at Cameron County Drainage District No. 1? If yes, please state when you applied and for what position.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been employed at Cameron County Drainage District No. 1? If yes, please state the period of employment and position.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any current or previous Cameron County Drainage District No. 1 employee or Board Member? If yes, please state name and position.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENTS / AUTHORIZATIONS

I, the undersigned applicant, acknowledge that all the information I have provided in this application is true and complete to the best of my knowledge. I also understand that if I am hired and any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, is discovered, I may be subject to immediate disciplinary action, up to and including termination.

I authorize CCDD1 to make inquiries to any of the persons, business entities and schools identified in this application. I authorize and request that all my present and former employees and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from all liability for damages arising from furnishing the requested information.

I further acknowledge and agree that, if employed by CCDD1, my employment will not be guaranteed for any specific period and my employment relationship with CCDD1 will be at will, meaning that the relationship can be terminated by me or CCDD1 with or without cause or notice, at any time. I further understand that if I am employed by CCDD1, I agree to abide by all its policies, rules, regulations, and procedures.

Signature of Applicant: _____ Date Signed: _____

Cameron County Drainage District No. 1 is an Equal Opportunity Employer

FOR OFFICE USE ONLY	
Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:
Interviewed by:	Date of Interview:
Approved by:	Date of Approval:
Employ: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: