### Real-Edwards Conservation & Reclamation District PO 1208 Leakey, Texas 78873

#### AN EQUAL OPPORTUNITY EMPLOYER

In accordance with all applicable state and federal laws prohibiting employment discrimination, it is the policy of the Real-Edwards Conservation & Reclamation District to consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT OR TYPE)					
Position(s) Applied for					_
Name					
Last	First	Middle	Maiden		
Address					_
Street		City	State	Zip Code	
Telephone(  )	Social	Security			
Salary Desired \$	(yearly)	Date Available	for work		_
Are you available for work (Ci	rcle one): Full Time or	Part Time			
Are you related to any Distric	employee or Board Men	nber?		YES	NO
If YES, Name		Relation	nship:		
Have you ever filled an applic If yes, give date:		ore?		YES	NO
If you are under 18 years of a	ge, can you provide requ	ired proof of yo	our eligibility to work?	YES	NO
Are you a United States citize (If so, proof of citizenship will				YES	NO
If not, are you authorized to w (Proof of employment eligibilit				YES	NO
Are you willing to travel, if req	uired, for this position?			YES	NO
Have you ever been convicted	d of a criminal offense(s)	? *		YES	NO
*If yes, please state the offen	se(s), date(s), and dispos	sition.			

\*VOLUNTARY disclosure of information regarding this inquiry will not automatically disqualify any candidate from employment with the Real-Edwards Conservation and Reclamation District. The seriousness of the crime and the date(s) of conviction will be considered in the determination.

## **EDUCATION**

High School	City/State	Years Completed	Graduate (Yes) (No)	Date Attended
College/University				
Graduate/Professional				
Business				

Do you plan to pursue further studies? \_\_\_\_ Yes \_\_\_\_No (If yes please explain)

#### SPECIAL SKILLS AND QUALIFICATIONS

Please summarize any special job-related skills and qualifications acquired from previous employment or other relevant experience:

Attach additional sheet if necessary

List professional, trade, business or civic activities and offices held in the last five years. You may exclude memberships which would reveal sex, religion, national origin, age, ancestry, handicap, or other protected status.

\_\_\_\_\_

#### **MILITARY SERVICE**

Do you have any commitments to the Armed Forces, e.g., Reservist or Na	ational	Guard, which may
require special scheduling or work hours?	YES	NO

### Employment History

		-
Employer	Job Title	Employment dates:
		From To
Address City State & Zip	Starting Salary	Supervisor Name
	0 9	•
Phone	Final Salary	Supervisor's Title
Describe Duties and Responsibilitie	es	
Reason for Leaving		
Reason for Leaving		

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Address City State & Zip	Starting Salary	Supervisor Name		
Phone	Final Salary	Supervisor's Title		
( )				
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Phone	Final Salary	Supervisor's Title	
( )			
Describe Duties and Responsibilitie	es		
Reason for Leaving			

Attach additional sheet if necessary

#### HEALTH

Do you have any physical, mental or medical impairment that would limit your ability to perform the job for which you are applying? Yes No

If yes please explain: \_\_\_\_\_

If yes, are you aware of any device, procedure, or job duty modifications which can be used to reasonably accommodate this disability?

## REFERENCES

Please list three (3) professional references other than relatives who can be contacted by phone (preferably during office hours Monday thru Friday) who have known you for the past year or more.

NAME	OCCUPPATION	ADDRESS	PHONE

## PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I hereby acknowledge that any employment relationship with this company is "at will", that is if hired, I may resign at any time with or without reason or notice, and the employer may discharge me at any time with or without cause or notice. I further understand this "at will" employment relationship may not be changed by any written or oral representation or by any conduct or practice unless this change is specifically acknowledged in writing and authorized by the General Manager or Board of Directors. I understand that falsification or misleading responses to any application inquiry or interview or any significant omission of relevant information may result in the District's refusal to hire me or terminate my employment, at the time the falsification is discovered. I understand that I may be required to submit to pre-employment Drug Testing and the results of the testing may be used in determining my employment with the District.

I understand I am required, if employed, to abide by all rules and regulations of District, including all policies relating to substance abuse.

My signature acknowledges that I have read and understand the above statements, and accept these statements as terms and conditions of my employment, if hired.

Signature	of /	Applicant
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# **District Use only**

Date Received:	
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