

APPLICATION FOR EMPLOYMENT



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Physical Address: 400 E 24th St, Big Spring, TX 79720 Web Address: crmwd.org Email: employment@crmwd.org

Your interest in employment with the Colorado River Municipal Water District is appreciated. In order to gain a better understanding of your background and work history, we ask that you answer all questions completely and to the best of your knowledge.

CRMWD is an Equal Opportunity Employer. Applications will be considered for all positions without regard to race, religion, sex, age, national origin, disability, or any other characteristic protected by law.

PLEASE PRINT OR TYPE ALL ANSWERS PLAINLY AND LEGIBLY

PERSONAL INFORMATION

Date of Application: _____

Name: _____
Last First MI

Address: _____
PO Box / Street Apt# City State Zip

Telephone No. () _____

Position for which you are applying: 1. _____
2. _____

Is additional information regarding change of name, or use of assumed name or nickname, necessary to enable a check on your work record? Yes [] No [] If yes, explain: _____

Person to notify in case of emergency: _____ Telephone No. () _____

Are you age 18 or older? Yes [] No [] Are you legally eligible for employment in the USA? Yes [] No []

Have you ever been convicted of or pled no lo contendere/no contest to a crime in a civilian or military court? (Example: Public intoxication, DWI, any misdemeanor or felony. You may exclude minor traffic violations.)
Yes [] No [] If yes, please explain: _____

(A criminal record will not necessarily disqualify an applicant from employment. Your case will be considered in relationship to the requirements of the particular job.)

Check all types of work you will accept: Full Time [] Temporary [] Days [] Rotating Shifts []
Part Time [] Seasonal [] Nights []

Have you previously completed an application with CRMWD? Yes [] No []

Have you ever been previously employed with CRMWD? Yes [] No [] If so, when and in which department(s)? _____

If an offer of employment is extended, when will you be available to begin work? _____

List names of relatives currently working for the District: _____

Have you read and do you understand the requirements for the job for which you have applied? Yes [] No []

Can you perform each of the job functions listed on the job posting? Yes [] No []

How did you learn of this job opening? Newspaper [] Walk-in [] Internet [] Job Fair Other _____
Employee Referral _____

EMPLOYMENT HISTORY

Are you currently employed? Yes [] No []

We routinely contact an applicant's employer for reference checks. Would this pose any particular difficulty for you?
Yes [] No [] If yes, explain: _____

List all previous employment information starting with your present or last job. Include military service. Indicate periods of unemployment. Attach additional pages if necessary.

Employer: _____	Employed From: _____ To: _____ <small>Mo./Yr. Mo./Yr.</small>
Address: _____	Salary - Starting: _____ Ending: _____
City, State, Zip: _____	Your Title: _____
Phone: (_____) _____	Describe Duties, Responsibilities & Accomplishments
Type of Business: _____	_____
Supervisor's Name & Title: _____	_____
Reason for Leaving: _____	_____
_____	_____

Employer: _____	Employed From: _____ To: _____ <small>Mo./Yr. Mo./Yr.</small>
Address: _____	Salary - Starting: _____ Ending: _____
City, State, Zip: _____	Your Title: _____
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City, State, Zip: _____	Your Title: _____
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Type of Business: _____	_____
Supervisor's Name & Title: _____	_____
Reason for Leaving: _____	_____
_____	_____

APPLICANT NAME _____

ADDITIONAL EMPLOYMENT HISTORY

Employer: _____	Employed From: _____ To: _____ <small>Mo./Yr. Mo./Yr.</small>
Address: _____	Salary - Starting: _____ Ending: _____
City, State, Zip: _____	Your Title: _____
Phone: (_____) _____	Describe Duties, Responsibilities & Accomplishments
Type of Business: _____	_____
Supervisor's Name & Title: _____	_____
Reason for Leaving: _____	_____
_____	_____

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_____	_____

APPLICANT NAME

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Employer: _____	Employed From: _____ To: _____ <small>Mo./Yr. Mo./Yr.</small>
Address: _____	Salary - Starting: _____ Ending: _____
City, State, Zip: _____	Your Title: _____
Phone: (_____) _____	Describe Duties, Responsibilities & Accomplishments
Type of Business: _____	_____
Supervisor's Name & Title: _____	_____
Reason for Leaving: _____	_____
_____	_____

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Address: _____	Salary - Starting: _____ Ending: _____
City, State, Zip: _____	Your Title: _____
Phone: (_____) _____	Describe Duties, Responsibilities & Accomplishments
Type of Business: _____	_____
Supervisor's Name & Title: _____	_____
Reason for Leaving: _____	_____
_____	_____

Employer: _____	Employed From: _____ To: _____ <small>Mo./Yr. Mo./Yr.</small>
Address: _____	Salary - Starting: _____ Ending: _____
City, State, Zip: _____	Your Title: _____
Phone: (_____) _____	Describe Duties, Responsibilities & Accomplishments
Type of Business: _____	_____
Supervisor's Name & Title: _____	_____
Reason for Leaving: _____	_____
_____	_____

EMPLOYMENT HISTORY (CONTINUED)

Please explain all periods of unemployment: _____

Have you ever been terminated or asked to resign from employment? Yes [] No [] If yes, explain:

DRIVERS LICENSE [] Class A [] Class B [] Class C ENDORSEMENTS _____

EDUCATION CIRCLE LAST YEAR COMPLETED

Elementary	5	6	7	8				
High School	9	10	11	12	Did you graduate?	Yes []	No []	GED Yes [] No []
College	1	2	3	4	Did you graduate?	Yes []	No []	

High School attended _____

College attended _____

List professional licenses or certificates _____

List professional, trade, business or civic activities and offices held. You may exclude those that indicate race, religion, sex, national origin or disability. _____

PERSONAL REFERENCES

Please list three personal references excluding former employers and relatives.

Name	Address (Street, City, State)	Phone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SUMMARY

Describe any experiences, skills, qualifications, knowledge of computers and software programs, ability to operate specialized machinery or equipment, welding skills or other information you feel may be helpful to us in considering your application.

APPLICANT'S CERTIFICATION

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

The Colorado River Municipal Water District is hereby authorized to make any investigation of my employment, educational or background history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

If employed by the Colorado River Municipal Water District, I agree to abide by its rules and regulations. I understand that discovery or misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts, work extra hours during emergencies, or require the ability to be "on-call".

I understand that I must be capable of performing the essential functions of the position for which I am applying effectively and safely with or without reasonable accommodations. I also understand that my employment may require certain skill criteria in order to perform the essential functions of the job. If requested, I agree to take a skill test in order to qualify for the job I am applying.

I also understand that my initial and continued employment may be subject to a successful completion of a Motor Vehicle Request (MVR), an employment physical and/or drug/alcohol screen. If requested, I agree to submit, at any time, to a physical examination performed by a qualified medical doctor of the Colorado River Municipal Water District's choice and for which such exam shall be paid for by the Colorado River Municipal Water District. I also agree that all information concerning said physical examination and/or drug/alcohol screen can be supplied to the Colorado River Municipal Water District, or an authorized agent of the District, upon their request.

If I become employed by Colorado River Municipal Water District, I expressly authorize the District to release information about my job performance, job qualifications and suitability for employment to any person who may request such information either during my employment or after my employment terminates. I expressly release the District and its employees, agents, officers and representatives from any liability for disclosing such information.

I further understand that this is an application for employment and that no employment contract, either expressed or implied, is being offered. If I become employed, I agree to abide by the District's rules and regulations, and I agree that my employment and compensation may be terminated with or without notice, at any time, at either my or the District's option. I also understand and agree that the terms and conditions of my employment may be changed with or without notice, at any time by the District. I understand that no District representative has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date