

Bandera County FWSD #1

220 Waterview, Lakehills, TX 78063
Ph: 210-612-0889

Employment Application

Bandera County FWSD #1 is an equal opportunity employer.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you bilingual? YES NO If yes, what language(s)? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. My signature below authorizes Bandera County FWSD #1 to make investigations. My signature indicates my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or, if employed, may be grounds for my immediate dismissal.

I understand that neither this form nor statements by representatives of Bandera County FWSD #1 constitutes an employment contract.

Upon employment, I agree to the following:

- *Meeting any and all employability requirements to include but not limited to Form I-9, W-4, New Hire, and various Bandera County FWSD #1 policies*
- *Abiding by all rules, regulations, and performance standards*
- *A pre-employment health evaluation, if required*
- *Completing and executing a surety bond application, if required*
- *Attending all necessary training schools as required for the position being applied for*
- *Providing all necessary documentation to check driving record if necessary*

Signature: _____ Date: _____

Please attach resume if available.