

Middle Pecos Groundwater Conservation District

405 North Spring Drive P. O. Box 1644 Fort Stockton, TX 79735

432-336-0698 FAX 432-336-3407

Website: middlepecosgcd.org email: mpgcd@sbcglobal.net

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT:

Position applied for: _____ Date of Application: _____
mm/dd/yyyy

Name: _____
Last Name
First Name
Middle
Social Security Number

Address: _____
Physical Address
(Mailing Address if different from physical address)

Contact Phone Numbers: _____

Best time to call: _____

	Yes	No	
May we contact you at work?			Work# Best time to call
Have you filed an application here before?			If yes, give date or position applied for:
Have you ever been employed here before?			If yes, give date and position:
Are you legally eligible for employment in this country?			
Are you on lay-off and subject to recall?			
Will you travel if job requires it?			
Are you able to meet the attendance requirements of the position?			
Will you work overtime if required?			
Have you ever been bonded?			
Have you been convicted of a felony in the last seven (7) years? <small>(Such conviction may be relevant if job related, but does not bar you from employment)</small>			If yes, please explain:

Date available for work: _____

Skills and qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

Employment History:

List your previous employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Date(s) Employed:
Address:	Hourly Rate/Salary (Final)
Telephone#	Reason for leaving:
Job Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Immediate Supervisor & Title	
Summarize the nature of the work performed and job responsibilities:	

Employer:	Date(s) Employed:
Address:	Hourly Rate/Salary (Final)
Telephone#	Reason for leaving:
Job Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Job Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Immediate Supervisor & Title	
Summarize the nature of the work performed and job responsibilities:	

Comments: (including explanation of any gaps in employment):

Educational Background:

School	Years Completed	Degree/Diploma	GPA Class Rank	Major	Minor

List any foreign language(s) you know and check the boxes that describe your skill level.	Speak Some	Speak Fluently	Read	Write

References:

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references not related to you.

Name of Person	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for: _____

Referral Source:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you (if applicable) _____

Applicant Information:

Name _____
(Last Name) (First Name) (Middle Name) (Phone Number with area code)

Address _____
(Street) (City) (State) (Zip Code)

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (Not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | |

Special Note:

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge;
- Was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or

Served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for Available Not Available

Other positions considered for: _____

Hired: Yes No

Position hired for _____ Date of hire _____

From the EEO classifications listed below, which one best describes the position filled: _____

- | | | |
|---------------------------|--------------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales Workers | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical Workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes: _____

Completed by _____

Date: _____