## Revised 11/24/99 SABINE RIVER AUTHORITY OF TEXAS

AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

**PRINT IN INK OR TYPE.** These instructions must be followed exactly. Fill out the application form completely; if questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted for whatever additional information they contain, *but not in place of a completed application*. Be sure to sign the application when it is complete.

NAME		SOCIAL SECURITY NO								
(Last)	(First)	(N	(Iiddle)							
ADDRESS (Curre	ent)									
(Street) (City)		(S	(State)		(Zip)	(Phone)				
(Permanent)										
(Street)	(City)		tate)		(Zip)		(]	Phone)		
Position applying	g for									
Salary expected S	g forFull-Tir	ne I	Part-Ti	ime	Seaso	onal Date av	ailabl	e for v	work	
Are you willing	to work hours other tha	n 8-5?	Yes	No						
Have you been c	onvicted of a felony?	Yes	No It	f yes, d	lescrib	e:				
_	authorized to work in th			-						on will be
						req	uired u	on em	ployment)	
U.S. Military?	? Yes ? No Dates:	from_				to				
EDUCATION:										
	grade you completed? (Circle)									
(NOTE: TRANS	SCRIPTS MAY BE RI	EQUIR	ED FO	OR VE	RIFIC	ATION OF	EDU	CATIO	ON)	
			D.	A 1 .		Number of			Type of	Major Field
Type of School	Name and Location of		Dates Attended			Sem. Hrs.	Graduated		Diploma or	of
Type of School	School				Completed	Gradated		Degree	Study	
		En	From			1	Yes			No
		FI	OIII		Го					
		Mo.	Yr.	Mo.	Yr.					
COLLEGE OR										
UNIVERSITY										
-										
TECHNICAL										
OR VOCATIONAL										
VOCATIONAL										
<u> </u>	<u> </u>		<u> </u>		1	1	<u> </u>	1	1	<u> </u>
<b>Current Licenses/C</b>	ertifications/Registrations	(indicate	types an	nd dates	received	):				
Driver's License: Ty	pe(s)			Numl	per(s)			_Exp.	Date(s)	

processin	g programs	with which	you are profi	icient (e.g. Microsof	t Word/Office, Winde	ipment you can use, such as ows, Internet.) or heavy equi y you for the position you see	pment such as bulldozers,	
			D: Please in		st 10 years of employ	yment. Start with present or	most recent position and	
Employer: Mailing Address: City, State and Zip:					Full Time Part Time Seasonal	Type of Business: Immediate Supervisor: Phone No.:		
Starting Date Leaving Date			Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title		
Mo.	Yr.	Mo.	Yr.					
Briefly o	lescribe yo	ur duties and	responsibilit	ties:				
Explain	reason for	leaving:						
Employer: Mailing Address: City, State and Zip:					Full Time Part Time Seasonal	Type of Business: Immediate Supervisor: Phone No.:		
Startin	arting Date Leaving Date		ng Date	Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title	
Mo.		Mo.	Yr.					
Briefly	lescribe yo	ur duties and	responsibilit	ties:				
Explain	reason for	leaving:						
		<u> </u>						

	er: Address: ate and Zip	:			Full Time Part Time Seasonal	Type of Business: Immediate Supervisor: Phone No.:		
Starting Date Leaving Date		g Date	Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title		
Mo.	Yr.	Mo.	Yr.					
Briefly o	lescribe yo	ur duties and	responsibilit	ties:				
Explain	reason for	leaving:						
to question my school dismissal be release If employ	ons. I am a ls, former of from empled as a public ed, I under	ware that the employers, or oyment. I and lic document.	information other referen n also aware ree that my e	I have given in my a nees unless otherwise that my application	application will be invested, and that any is subject to the Open	ot withheld information in not vestigated, with my full per misrepresentations may can Records Act (Articles 625) and that either the Authority	mission to contact any of use disqualification for or 22-17a, V.T.C.S.), and may	
Following	g an offer o	f employmen	t, I hereby co	onsent to a full physi		e essential functions of the juding any medically approp		
	IAY CO Present En Former En			10 10				
				Applican	t's Signature	Date		
					NAL INFORM A			