



Employment Application

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap. Incomplete, unsigned, or applications with photocopied signatures will not be accepted. Faxed or e-mailed applications will be considered, however originals must be received prior to interviewing. Harlingen HWWS System is a Drug- Free Workplace. Applicants/employees are subject to Alcohol/Controlled Substance Testing as a condition of employment or continued employment.

Date of Application: Position Desired and Vacancy No. Wage Desired:

How did you hear about this position: HWWS Job Posting HWWS Website Newspaper Ad Texas Workforce Walk-in HWWS Employee name:

PERSONAL INFORMATION: Please Print legibly and complete all sections of the application

NAME: Last Name First Name Social Security No. XXX-XX- Last 4 Digits ONLY

ADDRESS: Street Apt. City & State Zip code

Telephone No. 2nd No. E-mail Address:

Do you presently hold a Texas Driver's License? Yes No DL Number: Exp. Date Type: Regular License Commercial/Chauffer If CDL, Class?: A B Endorsements:

If offered employment, will you be able to provide documentation showing that you are authorized to work in the United States? Yes No

YOUR HISTORY WITH HWWS:

Have you ever been employed at HWWS? Yes No If yes, when? Have you ever filed an application with HWWS before? Yes No If yes, when? Do you or your spouse have relatives employed with HWWS or presently hold office for the HWWS Board of Directors or City of Harlingen? Yes No If yes, state name and relationship:

YOUR EDUCATION:

Table with 4 columns: School Name/Location, High School, College, Graduate/ Professionalism. Rows include Yrs. Completed, Diploma/GED/Degree /Course of Study.

Specialized Training, Apprenticeships:

CRIMINAL BACKGROUND:

Have you EVER been charged or convicted of a felony or misdemeanor in a civilian or military court (excluding any sealed convictions)? Yes No Please be advised that absolute and complete disclosure is required. FAILURE TO COMPLETELY DISCLOSE MAY RESULT IN DENIAL OF EMPLOYMENT. If you are uncertain whether your situation falls within the scope of a particular position, assume that it does and disclose it. If YES, Please explain

(Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered in relationship to the requirements of the particular job. Crime includes DUIs (Driving Under the Influence); Driving with a Suspended License; P.I. (Public Intoxication), etc.)

EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT INFORMATION:**

Are you currently employed?  Yes  No      May we contact your present employer?  Yes  No  
 If no, explain \_\_\_\_\_

Are you currently employed at HWWS?  Yes  No  
 If yes, please have your Director sign acknowledging your interest in this position: \_\_\_\_\_

Are you available to work...  Full-time  Part-time  Shift Work      Do you have reliable transportation?  Yes  No  
 Are you 18 years of age or older?  Yes  No

**EMPLOYMENT HISTORY:**

*Start with your present or last job. Include military service assignments, part-time, self-employment, school attendance, and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. A resume may be attached; however the application must be completed in full.*

<i>Employer:</i>	<i>Dates Employed</i>		<i>Work Performed</i>
<i>Telephone No.:</i>	<i>From</i>	<i>To</i>	
<i>Address:</i>			
<i>City:</i> <i>State:</i> <i>Zip Code:</i>			
<i>Job Title:</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor:</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving:</i>			
<i>Employer:</i>	<i>Dates Employed</i>		<i>Work Performed</i>
<i>Telephone No.:</i>	<i>From</i>	<i>To</i>	
<i>Address:</i>			
<i>City:</i> <i>State:</i> <i>Zip Code:</i>			
<i>Job Title:</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor:</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving:</i>			
<i>Employer:</i>	<i>Dates Employed</i>		<i>Work Performed</i>
<i>Telephone No.:</i>	<i>From</i>	<i>To</i>	
<i>Address:</i>			
<i>City:</i> <i>State:</i> <i>Zip Code:</i>			
<i>Job Title:</i>	<i>Hourly Rate/Salary</i>		
<i>Supervisor:</i>	<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving:</i>			

**YOUR SKILLS:**

List all computer software you have been trained to operate: \_\_\_\_\_

What is your typing speed? \_\_\_\_\_ Words per minute  Don't know

Are you bilingual?  Yes  No Language? \_\_\_\_\_ Fluency?  Read  Some  Moderate  Fluent  
 Write  Some  Moderate  Fluent  
 Speak  Some  Moderate  Fluent

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

Please read and initial each paragraph below.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I acknowledge that consideration for employment is contingent, among other criteria, on the results of a reference and background check. Therefore, I hereby authorize the HWWS to 1) investigate the truthfulness and completeness of all statements made on this application; 2) contact my schools, former and current employers (except those employers which I have specifically stated may not be contacted) and other listed references or any other persons who can verify information including local, state, and federal law enforcement personnel; and 3) discuss the results of any investigation with other employees of the HWWS involved in the hiring process. In addition, I give my consent for all contacted persons, including former and current employers, to provide information concerning this application, and I release the HWWS and each such person from liability that may result from the release and/or use of such information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the HWWS Board of Trustees (copy will be provided at hiring).

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document. I further understand that if I am hired-Texas is an AT-WILL State, in order to continue my employment, I must successfully complete a 6 month probationary period, and an offer of employment is not a contract (implied or stated) of employment for any specific period of time. I further agree to notify HWWS immediately if I am convicted or, receive deferred adjudication while my application is pending or, if I am hired, during the course of my employment.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Person who assisted (or translated) for the Applicant**

\_\_\_\_\_  
**Date**

## HWWS EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The City of Harlingen Water Works System is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the HWWWS invites you to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

### Gender Identification (check one)

- Female                       Male

### Race/Ethnic Identification (check one):

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- Decline self-identification.**

### Veteran's Group (check one):

- Non-Vietnam Era Veteran**
- Vietnam Era Veteran**
- Disabled Non-Vietnam Era Veteran**
- Disabled Vietnam Era Veteran**
- Veteran's Widow-Widower**
- Not a Veteran**

\_\_\_\_\_  
Applicant's Signature (optional)

\_\_\_\_\_  
Date



HARLINGEN  
WATERWORKS  
SYSTEM

## AUTHORIZATION TO OBTAIN CONSUMER REPORTS

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize City of Harlingen Waterworks System and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish City of Harlingen Waterworks System or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

I acknowledge receiving the Disclosure Notice for Consumer Reports and the Summary of Rights under the Fair Credit Reporting Act.

I also authorize ongoing procurement of the herein mentioned reports at any time during my continued employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name