



ORANGE COUNTY DRAINAGE DISTRICT
8081 OLD HWY 90
ORANGE, TX 77630

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

NOTE: This application must be fully completed. If questions are not applicable, enter "N/A". Be sure to sign upon completion of this application. It is the policy of the Orange County Drainage District to not discriminate on the basis of race, religion, color, age, national origin, sex, marital status, veteran status, or disability. You may attach a resume in addition to completing the application.

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Home) (Cell) (Other)

Have you previously been employed by Orange County Drainage District? () Yes () No
If yes, when? _____

Check one or more types of employment you will accept. () Full-Time () Part-Time () Temporary

POSITION APPLIED FOR 1: _____
2: _____

PREVIOUS EMPLOYMENT: List all employment (including US military service) for at least the past 15 years. Begin with your present position and work back. Attach additional sheets or a Resume for additional qualifying experience data.

May we contact your present supervisor? () Yes () No

Start Date: _____ End Date: _____ Job Title _____ Salary _____
Employer _____ Address _____
Name of Immediate Supervisor _____ Supervisor's Phone No.: _____
Reason for Leaving _____
Description of Work _____

Start Date: _____ End Date: _____ Job Title _____ Salary _____
Employer _____ Address _____
Name of Immediate Supervisor _____ Supervisor's Phone No.: _____
Reason for Leaving _____
Description of Work _____

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Start Date: _____ End Date: _____ Job Title _____ Salary _____
Employer _____ Address _____
Name of Immediate Supervisor _____ Supervisor's Phone No.: _____
Reason for Leaving _____
Description of Work _____

EDUCATION:

Did you graduate from high school? () Yes () No If no, do you have a GED? () Yes () No

| College – University – Trade Business – Correspondence School | Major Areas of Study | Dates of Attendance | Semester Hours | Degrees Obtained |
|--|-------------------------|------------------------|-------------------|---------------------|
|--|-------------------------|------------------------|-------------------|---------------------|

UNITED STATES MILITARY SERVICE

Branch _____ Dates of Service _____

PERSONAL DATA

Please list any other names you have used in connection with employment or education _____

Are you able to perform the essential functions of the position applied for with or without an accommodation?
() Yes () No Explain _____

Are you authorized to work in the United States? () Yes () No

During the past 10 years, have you been convicted of, or have you pleaded guilty or no contest to, a felony offense? () Yes () No If yes, list ALL such felony offenses and state the date, name of Court and disposition. A conviction may not necessarily disqualify you, but a false statement will.

Are you related to any elected official or person in the employ of the Orange County Drainage District?
() Yes () No If yes, please provide name and relationship_____

List all current and valid licenses and certifications you may hold: (Drivers, Electrician, etc.)
Type_____ Number_____ Expiration Date_____
Type_____ Number_____ Expiration Date_____
Type_____ Number_____ Expiration Date_____

REFERENCES

List the names and addresses of three persons other than relatives, who have knowledge of your character, experience or ability.

| NAME | ADDRESS | OCCUPATION | TELEPHONE NO. |
|-------|---------|------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List all equipment or office machines that you can proficiently operate or use: _____

Indicate any additional experience and training you have which in your opinion would qualify you for the position you seek:

IMPORTANT
It is the responsibility of the applicant to read the following before signing.

APPLICANT'S STATEMENT AND AGREEMENT

I certify that the answers given herein are true and complete. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by the Orange County Drainage District ("OCDD") concerning my qualifications for employment. I understand that in the event that the OCDD offers me a position of employment, such offer shall be contingent upon the results of a criminal background check. I authorize the investigation of all statements contained in this application for employment, and I release the OCDD, its management and appointed and elected officials, and all third parties supplying information to the OCDD from any and all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the OCDD about me. Upon my termination, I authorize the release of reference information regarding my employment and work history and performance with the OCDD, and release the OCDD, and its management, employees and elected officials from any and all liability resulting

from the release of such information. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that in the event that I am offered a position of employment with the OCDD, my employment is at the discretion of the OCDD, and that the OCDD is an employment-at-will employer, which means that I may resign at any time and the OCDD may terminate my employment at any time for any or no reason.

I understand that any offer of employment made to me by the OCDD is contingent upon my successful completion of a physical fitness for duty examination, which will include a drug screen. This examination will be conducted by health care providers of the OCDD's selection. I certify that I will fully and truthfully answer any questions asked by the health care providers or staff. I understand that a positive result from the drug screen will eliminate me from consideration from any OCDD job for one year. I also, understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination. While employed, I will submit to additional physical examinations by health care providers of the OCDD's selection for the purpose of determining my fitness for continued employment. If injured during the course of employment, I will promptly report such injury to my supervisor or department head. If medical treatment is necessary or requested, I will submit to treatment or examination by health care providers of the OCDD's selection.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand. I understand the acceptance of this application by the OCDD neither expresses nor implies I will be offered employment.

This application must be signed.

Date _____ Signature of Applicant _____