ORANGE COUNTY DRAINAGE DISTRICT
8081 Old Highway 90, Orange, Texas 77630
Telephone: (409) 745-3225 Facsimile: (409) 745-3004
Website: ocddtx.com

EMPLOYMENT APPLICATION

(AN EQUAL OPPORTUNITY EMPLOYER)

NOTE: *Complete this application in full. 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.*

APPLICANT INFORMATION

Full Name: _____
(Last) *(First)* *(Middle)*

DOB: _____ SSN #: _____

Address: _____

Phone: _____ Email: _____

POSITION INFORMATION

Position(s) Applied For: 1: _____

2: _____

Have you previously been employed by Orange County Drainage District? ( ) Yes ( ) No

If yes, when and in what capacity? _____

_____

PREVIOUS EMPLOYMENT

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 resume for additional qualifying experience data.

Employer: _____ Phone: _____

Address: _____

Start Date: _____ End Date: _____ Supervisor: _____

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

Job Title: _____ Salary: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Start Date: _____ End Date: _____ Supervisor: _____

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

Job Title: _____ Salary: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Start Date: _____ End Date: _____ Supervisor: _____

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

Job Title: _____ Salary: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Start Date: _____ End Date: _____ Supervisor: _____

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

Job Title: _____ Salary: _____

Job Duties: _____

Reason for Leaving: _____

EDUCATION

High school or obtain a GED? ( ) Yes ( ) No ( ) Diploma ( ) GED ( ) None

Date Obtained: _____ Where: _____

University, College or Trade School? ( ) Yes ( ) No

Name of University, College or Trade School: _____

Attendance: Date Began: _____ Date Completed: _____ Semester Hours: _____

Degree(s) or Certificates Obtained: _____

UNITED STATES MILITARY SERVICE

The Orange County Drainage District actively solicits and encourages applications for employment from qualified veterans of the United States Armed Forces and Reserves. If you have served in the United States Armed Forces or Reserves, please provide any information about your military service, training, and experience that may be relevant to employment with the Orange County Drainage District.

Branch of Service: _____ Rank/Grade: _____

Military Occupational Specialty (MOS), Rating, AFSC, or other military classification:

_____

Primary Duties and Responsibilities: _____

_____

Specialized Training, Certifications, Licenses, Equipment Experience, or Skills:

_____

_____

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. **As a condition of employment with the Orange County Drainage District, you will be required to qualify for a commercial driver's license issued by the State of Texas.**

_____

_____

_____

_____

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 of any such persons:

Name: Relationship:

_____ _____

_____ _____

_____ _____

List all current and valid licenses and certifications you may hold: (e.g., Heavy Equipment, Commercial Driver's License, Electrician, etc.)

Type: _____ Number: _____ Expiration: _____

Type: _____ Number: _____ Expiration: _____

Type: _____ Number: _____ Expiration: _____

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: _____

_____

_____

_____

REFERENCES

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

NAME **ADDRESS** **OCCUPATION** **PHONE#**

_____

_____

_____

IMPORTANT: READ THE FOLLOWING BEFORE SIGNING.

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 certify that the information provided in this application is true and complete to the best of my knowledge. I understand that knowingly providing false information or making a false statement in a governmental record may constitute an offense under Texas Penal Code § 37.10 and may also result in disqualification from employment or termination of employment.

I hereby authorize each former employer, whether given as a reference or not, to answer any questions or furnish any information sought by the Orange County Drainage District ("District") concerning my qualifications for employment. I understand that in the event the District 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 District, its management and appointed and elected officials, and all third parties supplying information to the District from any and all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the District about me. Upon my termination, I authorize the release of reference information regarding my employment, work history, and performance with the District, and I release the District, 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 District, my employment is at the discretion of the District, and that the District is an employment-at-will employer, which means that I may resign at any time and the District may terminate my employment at any time for any or no reason.

I understand that any offer of employment made to me by the District 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 District's selection. I certify that I will answer any questions asked by the health care providers or staff fully and truthfully. I understand that a positive result from the drug screen will eliminate me from consideration for any District job for at least one (1) year. I also understand that, once employed, refusing to submit to such exams or testing positive 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 selected by the District to determine my fitness for continued employment. If injured during employment, I will promptly report the 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 selected by the District.

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 that the District's acceptance of this application neither expresses nor implies that I will be offered employment.

This application MUST be signed.

_____ _____

Signature of Applicant Date