## **BROWNSVILLE NAVIGATION DISTRICT**



## **Application For Employment**

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

Position(s) Applied For				Date of Application
How Did You Learn About Us? Advertisement Employment Agency		Friend Other		Walk-I
Last Name		First Name		Middle Name
Address Number	Street	C	ity Stat	te Zip Cod
Telephone Number(s)			Soci	ial Security Number
If you are under 18 years of age, can y	ou provide requ	uired proof of your eligibilit	y to work?	Yes No No
Have you ever filed an application wi	th us before?		If Yes, give	Yes No date
Have you ever been employed with us	s before?		If Yes, give	Yes No date
Are you currently employed?				Yes No No
May we contact your present employed Are you prevented from lawfully becoming the status?		l in this country because of	Visa or	Yes No No
Proof of citizenship or immigration status On What date would you be available		oon employment.		Yes
Are you available to work: Full	Time	Part Time	Shift Work	Temporary [
Are you currently on "lay-off" status	and subject to re	ecall?		Yes No
Can you travel if a job requires it? Have you been convicted of a felony <i>Conviction will not necessarily disqualify</i>				Yes No Yes No
If Yes, please explain				

## **Education**

		Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School	y				
High School					
Undergradua College	ate				
Graduate Professiona					
Other (Specify)					
		Indicate any foreign langu	ages you can speak, read and /	or write	
		FLUENT	GOOD	]	FAIR
SPEAK					
READ					
WRITE					
Describe any sp	ecialized	training, apprenticeship, skil	ls and extra-curricular activit	ies.	
Describe any jo	b-related	training received in the Unite	ed States military.		
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# **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.

	Employer		Dates En		Work Performed	
			From	То	work refformed	
	Address					
-	Telephone Number(s)		Hourly Ra	te/Salary		
			Starting	Final		
	Job Title	Supervisor				
	Reason for Leavin	ng				
	P. 1					
	Employer		Dates En	iployed To	Work Performed	
	Address		From	10		
	Telephone Number(s)		Hourly Ra			
L	Job Title	Supervisor	Starting	Final		
	Job Title	Supervisor				
	Reason for Leavin	ng				
Γ	Employer		Dates En	ployed	Wada Darfarrad	
			From	То	Work Performed	
	Address					
	Telephone Number(s)		Hourly Ra	te/Salary		
			Starting	Final		
	Job Title	Supervisor				
	Reason for Leavin	ng				
Γ	Employer		Dates En	ployed	WIRC	
			From	То	Work Performed	
	Address					
	Telephone Number(s)		Hourly Ra	te/Salary		
			Starting	Final		
	Job Title	Supervisor				
	Reason for Leavin	ng				
L		If you need additi	ional space, please c	ontinue on a se	eparate sheet of paper.	
List	t professional, trade	e, business or civic active	vities and offices he	eld.		
					cestry, disability or other protected status:	
100	тыу еление membersn	ap waien would reveal gende	r, race, religion, nation	ui origin, age, an	cessiry, aisability or other protected status.	

# **Additional information**

	ner Qualifications  nmarize special job-related skill and qualifications acquire	ed from employment or other experience.	
Spec	cialized Skills Check Skills/Equipmer		
	CRT Fax	Production/Mobile Machinery (list):	Other (list):
	PC Lotus 1-2-3		
	Calculator PBX System		
	Typewriter		
State	any additional information you feel may be helpful to	us in considering your application.	
	to Applicants: DO NOT ANSWER THIS QUESTION UIREMENTS OF THE JOB FOR WHICH YOU ARE		ED ABOUT THE
Are y	you capable of performing in a reasonable manner the	activities involved in the job or occupat	
	applied? A description of the activities involved in such	ch a job or occupation is attached.	Yes No
Refe	erences		
1			
1.	(Name)	(I	Phone #)
	(Address)		
2.	(Name)	(I)	Phone #)
	(Address)		
3.			<del></del>
	(Name)	(I	Phone #)
4	(Address)		
4.	(Name)	(I	Phone #)
	(Address)		

## **Applicant's Statements**

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 s may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of n "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant	Date	

### **Nepotism Statement**

The Brownsville Navigation's District's "Policy on Employment of Relatives" states as follows:

#### **Purpose**

To prevent conflicts of interest and facilitate smooth and fair management.

#### Policy

No candidate for any position will be considered if they are a relative of a current employee of the District. No employee will be assigned or transferred to a position where the employee will supervise, or be supervised by, a relative, either directly or indirectly.

If Employees in a supervisor-subordinate relationship marry, every effort will be made to transfer one of the employees to an assignment where one spouse will not supervise the other. If neither employee volunteers for the transfer, the Director of Finance and Administration may arrange an involuntary transfer. The decision whom to transfer involuntarily will depend on the importance of each job to the District and the availability of openings and of replacement candidates.

#### **Definitions**

"Relative" means here a spouse, child, parent, grandchild, aunt, uncle, first cousin, or corresponding in-law or "step-"relative.

### **Statement of Applicant**

I certify that I have read the Brownsville Navigation District's "Policy on Employment of Relatives". I hereby state that I am not disqualified from employment with the District due to my being a relative of a current employee of the District.

Applicant's Signature Date		
	Applicant's Signature	Date

### **Authorization for Background Check**

Please sign both statements below, indicating your authorization to release information to the Brownsville Navigation District.

<b>Employment Information:</b>		
I authorize all former employers to fur with their doing so.	nish any information concerning my ba	ckground and release them from all liability
Educational Information:	Applicant's Signature	Date
I authorize all former educational institution, all liability with their doing so.	tutions to furnish any information conce	erning my scholastic records and release the,
	Applicant's Signature	Date

# **Personnel Department**

	FO!	R PERSONNEL DEPA	RTMENT USE ONL	Y	
Arrange Interview	Yes	No			
Remarks					<del></del>
<del></del> -					
			Intervio		Date
Employed	Yes	∐ No	Date o	of Employment	
Job Title		Hourly R	tate / Salary \$	Department	
			, <u> </u>		
		Name and Title	;	Date	
OTES					
	TI-0				
Position(s) Applied For		PERSONNEL DEPA		_Y	
Position(s) Applied For	1 18 Орен.	16511	U		
Position(s) Considered					
For:					
101.					
		Name and Title	,	Date	

