

**AN EQUAL OPPORTUNITY EMPLOYER &  
DRUG FREE WORKPLACE**

SUBMIT A COMPLETE APPLICATION PACKET FOR EACH POSITION FOR WHICH YOU ARE APPLYING. A COMPLETE APPLICATION PACKET CONSISTS OF THE EMPLOYMENT APPLICATION, RESUME AND PROOF OF GED, HIGH SCHOOL OR COLLEGE COMPLETION. INCOMPLETE APPLICATION PACKAGES WILL NOT BE CONSIDERED.



**P. O. BOX 3270  
1425 ROBINHOOD DRIVE  
BROWNSVILLE, TEXAS 78523-3270  
(956) 983-6100  
1-800-869-2922 EXT 189  
FAX: (956) 983-6191**

ANSWERS MUST BE WRITTEN IN INK OR TYPED.  
WRITE "N/A" WHERE APPLICABLE

# EMPLOYMENT APPLICATION

<b>POSITION APPLYING FOR:</b>								<b>DATE:</b>	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? FULL TIME _____ PART TIME _____ TEMPORARY _____ INTERN _____ VOLUNTEER _____ OTHER _____		WHAT SHIFTS ARE YOU AVAILABLE TO WORK? DAY _____ EVENING _____ NIGHT _____ ROTATING _____ WEEKENDS _____ ON CALL _____		WHAT IS YOUR SALARY EXPECTATION? MONTHLY: \$ _____ YEARLY: \$ _____		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____			
HAVE YOU PREVIOUSLY INTERVIEWED, INTERNED, OR WORKED FOR THIS ORGANIZATION? IF YES, PLEASE SPECIFY THE DATES.									
<b>PERSONAL</b>	LAST NAME:		FIRST NAME & MIDDLE INITIAL:			OTHER NAME USED:			
HOME ADDRESS (NUMBER & STREET)			CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER: ( )			
EMAIL ADDRESS:			ALTERNATE TELEPHONE NUMBER: ( )		NAME OF CONTACT & RELATIONSHIP				
DRIVER LICENSE STATE: _____ CLASS: _____		ARE YOU RELATED TO ANY CURRENT EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS OR CITY COMMISSION WITH THIS ORGANIZATION? YES _____ NO _____ IF YES WHO? NAME: _____ RELATIONSHIP: _____ NAME: _____ RELATIONSHIP: _____							
<b>EDUCATION</b>	NAME OF SCHOOL, CITY AND STATE:			DATES ATTENDED:		DID YOU GRADUATE? YES or NO	TOTAL CREDIT HOURS	DEGREE/ DIPLOMA	MAJOR AREA OF SPECIALIZATION:
				FROM:	TO:				
HIGH SCHOOL OR GED									
COLLEGE OR UNIVERSITY									
GRADUATE SCHOOL									
CERTIFICATIONS AND LICENSES									
<b>TYPING SPEED</b>	TYPING: _____ WPM	<b>COMPUTER SOFTWARE USED</b>	MICROSOFT OFFICE PROGRAMS:	WORD _____ ACCESS _____	EXCEL _____ OTHER SOFTWARE _____	POWER POINT _____			
<b>MILITARY SERVICE</b>	BRANCH OF SERVICE:			ACTIVE DATE: FROM: _____ TO: _____					
TYPE OF DISCHARGE:			DATE OF DISCHARGE:		FINAL RANK:				

(CONTINUED ON REVERSE SIDE)

EFFECTIVE: 05/12/14

CHARACTER REFERENCES	ADDRESS: (NUMBER & STREET)	PHONE NUMBER	OCCUPATION & BUSINESS
REFERENCE NAME:			
1.			
2.			
3.			

**EMPLOYMENT HISTORY** FURNISH INFORMATION IN SUFFICIENT DETAIL TO ENABLE A DETERMINATION TO BE MADE OF YOUR QUALIFICATIONS FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING; BEGIN WITH THE MOST RECENT POSITION OR PRESENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT & USE AN ADDITIONAL SHEET IF NECESSARY.

EMPLOYER NAME: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_ ENDING MONTHLY SALARY: \$ \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE OF SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_ ENDING MONTHLY SALARY: \$ \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE OF SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_ ENDING MONTHLY SALARY: \$ \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE OF SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

**AUTHORIZATION & AGREEMENT** I HEREBY AUTHORIZE THE BROWNSVILLE PUBLIC UTILITIES BOARD TO SEEK, AND ALSO REQUEST EACH REFERENCE AND EACH FORMER EMPLOYER NAMED ABOVE TO GIVE ANY INFORMATION ABOUT ME THAT MAY BE SOUGHT IN CONNECTION WITH THE SUBMISSION OF THIS EMPLOYMENT INFORMATION WITH THE FOLLOWING EXCEPTIONS:

BY SIGNING I AFFIRM THAT: THE FACTS SET FORTH ABOVE IN MY APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR RESCINDING A JOB OFFER OR DISMISSAL OF EMPLOYMENT. I AUTHORIZE THE COMPANIES, SCHOOLS, OR PERSONS NAMED ABOVE TO GIVE ANY INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS IN THEIR RECORDS. I HEREBY RELEASE SAID COMPANIES, SCHOOLS, OR PERSONS FROM ALL LIABILITY FOR ANY DAMAGE FOR ISSUING THIS INFORMATION. I ALSO AUTHORIZE THE HIRING ORGANIZATION TO CONDUCT A BACKGROUND CHECK.

Visit us on the world wide web at [brownsville-pub.com/careers](http://brownsville-pub.com/careers)

I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON SATISFACTORILY COMPLETING THE PRE-EMPLOYMENT PROCESS.

SIGNATURE: \_\_\_\_\_