

# SABINE RIVER AUTHORITY OF TEXAS

AN EQUAL OPPORTUNITY EMPLOYER

## EMPLOYMENT APPLICATION

**PRINT IN INK OR TYPE.** These instructions must be followed exactly. Fill out the application form completely; if questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted for whatever additional information they contain, *but not in place of a completed application.* Be sure to sign the application when it is complete.

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 (Last) (First) (Middle)

ADDRESS (Current) \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Phone)

(Permanent) \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Phone)

Position applying for \_\_\_\_\_

Salary expected \$ \_\_\_\_\_  Full-Time  Part-Time  Seasonal Date available for work \_\_\_\_\_

Are you willing to work hours other than 8-5?  Yes  No

Have you been convicted of a felony?  Yes  No If yes, describe: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No (Proof of citizenship or legal authorization will be required upon employment)

U.S. Military?  Yes  No Dates: from \_\_\_\_\_ to \_\_\_\_\_

### EDUCATION:

What is the highest grade you completed? (Circle) 9 10 11 12 GED College: Associate B.A. B.S. M.S. Ph.D.

(NOTE: TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF EDUCATION)

Type of School	Name and Location of School	Dates Attended				Number of Sem. Hrs. Completed	Graduated		Type of Diploma or Degree	Major Field of Study
		From		To			Yes	No		
		Mo.	Yr.	Mo.	Yr.					
COLLEGE OR UNIVERSITY										
TECHNICAL OR VOCATIONAL										

Current Licenses/Certifications/Registrations (indicate types and dates received): \_\_\_\_\_

Driver's License: Type(s) \_\_\_\_\_ Number(s) \_\_\_\_\_ Exp. Date(s) \_\_\_\_\_

**Special Skills/Qualifications:** List all special skills you possess and machines or equipment you can use, such as computers/word processing programs with which you are proficient (e.g. Microsoft Word/Excel/Office, Windows, Internet.) or heavy equipment such as bulldozers, tractors, excavators, etc., or other skills you have which, in your opinion, would qualify you for the position you seek.

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**EMPLOYMENT RECORD:** Please indicate at least the last 10 years of employment. Start with present or most recent position and work back. Use additional sheets if necessary.

Employer: Mailing Address: City, State and Zip:				Full Time Part Time Seasonal	Type of Business: Immediate Supervisor: Phone No.:		
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.				
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer: Mailing Address: City, State and Zip:				Full Time Part Time Seasonal	Type of Business: Immediate Supervisor: Phone No.:		
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title
Mo.		Mo.	Yr.				
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							

