



Port Isabel-San Benito Navigation District

Employment Application Form

Please Complete Pages 1-3

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Full Name: _____ Date: _____
Last First M.I.

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you related to any current employee or commissioner of the Port Isabel-San Benito Navigation District?"

YES NO

Have you ever been convicted of a crime? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s), imposed, and type(s) of rehabilitation. _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired Full-Time Only Part-Time Only Days/hours available to work: (answer below)

No Pref _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Business Or Trade School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Professional School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Driver's License

Do you have a driver's license? ___ Yes ___ No

What is your means of transportation to work? _____

Driver's license number _____ State of Issue ___ Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

Office Only

Typing: Yes ___ No ___ WPM (words per minute) _____ 10 Key: Yes ___ No ___

Word Processing: Yes ___ No ___ WPM _____ Personal Computer: Yes ___ No ___ PC ___ Mac ___

Other Skills _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____