



franklin county
water district

Employment Application Form

Please complete all information and click to e-mail to careers@fcwd.com

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Desired Salary: _____

Position Applied for: _____

Are you legally eligible for employment in the US? (If offered employment, you will be required to provide documentation to verify eligibility.) YES NO

Are you over the age of 18 years? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have any friends or relatives who work for the water district? YES NO If yes, who? _____
How were you referred to Franklin County Water District? _____

Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violation)? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
Did you graduate? YES NO Degree: _____

College: _____ Address: _____
Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
Did you graduate? YES NO Degree: _____

Professional License or Membership

Type of License(s) held: _____ License Number: _____

Expiration date:

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Other Professional Memberships:

References

Please list three professional references.

Full Name: Relationship:
Company: Phone:
Address:

Full Name: Relationship:
Company: Phone:
Address:

Full Name: Relationship:
Company: Phone:
Address:

Previous Employment- start with most recent experience

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

Disclaimer and Signature

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I authorize Franklin County Water District to verify their accuracy and to obtain reference information on my work performance. I hereby release Franklin County Water District from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having an employment decision based on such information.

I understand that any misrepresentation or false statement made by me in connection with the application or any related documents, which is deemed material by Franklin County Water District, shall result in denial of employment/assignment or may result in my immediate termination regardless of when discovered. I understand my continued association with Franklin County Water District is and will depend on the truth of my representations and promises as stated in this document.

I certify that if I have been convicted of a felony or misdemeanor (other than a minor traffic violation), I have disclosed this information on my application. I understand that, in keeping with Franklin County Water District's policies, "conviction" shall include probation or deferred adjudication, a finding of guilt or acceptance by the court of a plea of guilty, or *nolo contendere*. I also understand that a conviction does not mean I will not be offered a job. Franklin County Water District will consider the offense for which I was convicted, the circumstances surrounding the conviction, and the date of the conviction as important factors in making its hiring decision. While I hold any position, whether paid or volunteer, with Franklin County Water District, I agree that I will notify Franklin County Water District promptly if I am charged with or indicted for any crime, whether a felony or misdemeanor (other than a minor traffic violation).

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Franklin County Water District. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, gender, national origin, marital status, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	