



Fort Bend Subsidence District
 301 Jackson Street, Suite 639
 Richmond, TX 77469
 281-342-3273
www.fbsubsidence.org

Employment Application

(An Equal Opportunity Employer)

Instructions: Please print in blue or black ink, or complete the form electronically then print and sign. This application will become part of the District's records and will not be returned. You may attach a resume, certifications, letters of recommendation, or any other documents as a part of your application and email to careers@subsidence.org

PERSONAL DATA			
Full Name			
Street			
City	State	Zip Code	
Home Phone	Work/Cell Phone	Email Address	
Work Availability and Eligibility			
Position Desired		Date Available to Begin Working	
If hired, can you establish that you are legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid Texas Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you below the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number:		Date of Birth:	

EDUCATION AND SKILLS				
School Name and Address	Years Completed	Major or Field of Study	Diploma or Degree	
High School				
College/University				
Graduate School				
Trade/Vocational School				
Other Education or Special Skills (Typing, shorthand, computer software, foreign languages, etc.)				
LICENSE/CERTIFICATION (P.E., C.P.A., Attorney, Operator, etc.)	Issuing Authority and Location (Name of entity; City and State)	Issuance Date	Expiration Date	License No.
MILITARY EXPERIENCE (List branch of service and highest rank)	Dates of Service	Briefly describe your duties		

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EMPLOYMENT HISTORY		
(List present and previous employers beginning with most recent employer)		
Position Title		Final Salary
Employer Name		Telephone No.
Employer Address		
Starting Date	Ending Date	Supervisor's Name
Summary of Experience		
Reason for Leaving		
Position Title		Final Salary
Employer Name		Telephone No.
Employer Address		
Starting Date	Ending Date	Supervisor's Name
Summary of Experience		
Reason for Leaving		
Position Title		Final Salary
Employer Name		Telephone No.
Employer Address		
Starting Date	Ending Date	Supervisor's Name
Summary of Experience		
Reason for Leaving		

Summary of Experience

Reason for Leaving

EMPLOYMENT HISTORY (continued)

(Additional sheets available upon request)

Position Title

Final Salary

Employer Name

Telephone No.

Employer Address

Starting Date

Ending Date

Supervisor's Name

Summary of Experience

Reason for Leaving

Position Title

Final Salary

Employer Name

Telephone No.

Employer Address

Starting Date

Ending Date

Supervisor's Name

Summary of Experience

Reason for Leaving

GENERAL INFORMATION

REFERENCES (Optional)

Name	Telephone Number	Relationship

OTHER INFORMATION (Community Activities, Hobbies, Accomplishments, and Interests)

ACKNOWLEDGMENTS / AUTHORIZATIONS

True and Correct Information. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, immediate disciplinary action up to and including termination.

Permission to Contact References. I authorize the Fort Bend Subsidence District to make inquiries to any of the persons, business entities, and schools identified in this application to verify my suitability for employment. I further authorize and request that any of the persons or organizations referenced in this application furnish the District any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and will absolve and release such parties from all liability from any damages which may result from furnishing such information to the District.

Pre-employment Investigations. I acknowledge and agree that the Fort Bend Subsidence District has a fiduciary responsibility requiring the District to conduct certain pre-employment investigations. I understand that these investigations will only be conducted if the District makes me an offer of employment and that my employment will be contingent upon satisfactory results from these investigations. I authorize the District to check my driving record for insurance purposes, and I acknowledge that if I am not insurable, I may be denied employment. I agree to submit to a drug test and physical exam to determine my suitability for employment, and I acknowledge that if the results are not satisfactory, I may be denied employment.

At-will Employment. I acknowledge and agree that if I am employed by the Fort Bend Subsidence District, my employment will not be guaranteed for any specific period of time and my employment with the District will be at-will, meaning that my employment can be terminated by me or the District with or without cause or notice, at any time. I further understand that if I am employed by the District I agree to abide by all of its policies, rules, regulations, and procedures.

Signature: _____ Date: _____

Printed Name: _____

FOR DISTRICT USE ONLY

Date application received:	Referred to:
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Interviewed by:	Interview date(s):
Acknowledgements reviewed (initial and date):	Job title: