

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

In order for your application to be considered, it is necessary to complete this form in its entirety. Upon returning, you should bring a copy of your High School Diploma or GED Certificate & Transcript or if applicable, College Degree & Transcript.



**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

POSITION(S) APPLYING FOR: (PLEASE PRINT)	1ST CHOICE:			2ND CHOICE:				
	3RD CHOICE:			4TH CHOICE:				
PERSONAL	DATE:	LAST NAME:	FIRST NAME & MIDDLE INITIAL:					
	HOME ADDRESS (NUMBER & STREET)		CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER: ()		
IN CASE OF AN ACCIDENT, PLEASE NOTIFY: (NAME & RELATIONSHIP)		ADDRESS: (NUMBER & STREET)			TELEPHONE NUMBER: ()			
		CITY:	STATE:	ZIP CODE:				
DATE AVAILABLE TO START:	DO YOU HAVE RELATIVES WORKING FOR BROWNSVILLE P.U.B.? YES _____ NO _____ IF YES WHO?							
	NAME: _____		RELATIONSHIP: _____					
	NAME: _____		RELATIONSHIP: _____					
EDUCATION	NAME OF SCHOOL & ADDRESS:			DATES ATTENDED:		DID YOU GRADUATE? YES or NO	DEGREE/ DIPLOMA	MAJOR AREA OF SPECIALIZATION:
				FROM:	TO:			
HIGH SCHOOL/ GED								
COLLEGE OR UNIVERSITY								
GRADUATE SCHOOL								
OTHER								
SPECIAL SKILLS	TYPING: _____ WPM	COMPUTER SKILLS	MICROSOFT OFFICE	WORD _____	EXCEL _____	POWER POINT _____		
			PROGRAMS:	ACCESS _____	OTHER SOFTWARE _____			
MILITARY SERVICE	BRANCH OF SERVICE:		DATE OF DISCHARGE:		TYPE OF DISCHARGE:			
ACTIVE DATE:		FINAL RANK:		ATTENDANCE REQUIRED AT SUMMER CAMP?				
FROM: _____ TO: _____				YES _____ NO _____				

(CONTINUED ON REVERSE SIDE)

EFFECTIVE: 03/26/01

CHARACTER REFERENCES	REFERENCE NAME:	ADDRESS: (NUMBER & STREET)	TELEPHONE: (AREA CODE)	OCCUPATION & BUSINESS
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.
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DATES: FROM _____ TO _____ COMPANY: _____ ADDRESS: _____
 ENDING SALARY: \$ _____ NAME OF SUPERVISOR: _____ POSITION HELD: _____
 REASON FOR LEAVING: _____ TELEPHONE: _____ BRIEF DESCRIPTION OF DUTIES: _____

DATES: FROM _____ TO _____ COMPANY: _____ ADDRESS: _____
 ENDING SALARY: \$ _____ NAME OF SUPERVISOR: _____ POSITION HELD: _____
 REASON FOR LEAVING: _____ TELEPHONE: _____ BRIEF DESCRIPTION OF DUTIES: _____

DATES: FROM _____ TO _____ COMPANY: _____ ADDRESS: _____
 ENDING SALARY: \$ _____ NAME OF SUPERVISOR: _____ POSITION HELD: _____
 REASON FOR LEAVING: _____ TELEPHONE: _____ 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:
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<p>NOTICE TO APPLICANT: I UNDERSTAND THAT EMPLOYMENT AT THE BROWNSVILLE PUBLIC UTILITIES BOARD IS AT WILL UNLESS MODIFIED IN WRITING BY THE BROWNSVILLE PUBLIC UTILITIES BOARD AND THE GENERAL MANAGER. THE BROWNSVILLE PUBLIC UTILITIES BOARD IS A DRUG FREE WORKPLACE AND I UNDERSTAND AND AUTHORIZE TESTING FOR SUBSTANCE ABUSE.</p> <p>Visit us on the world wide web at brownsville-pub.com</p>	<p>I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT AND I UNDERSTAND THAT WITHHOLDING OR FALSIFYING ANY INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR IMMEDIATE DISMISSAL.</p> <p>SIGNATURE: _____</p>
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