



Please list any skills (including software skills, equipment operated, technical knowledge) and licenses/certifications (including the license number) that you possess that may be required or useful in performing the essential functions of the job for which you are applying.

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### Employment History

List all jobs (including military service) beginning with your most recent employer. Do not omit any employment, whether pertinent to the position applying for or not. **Attach additional sheets if necessary.**

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

Full time  Part Time   
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

If still employed, may we contact this employer?  
\_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

Full time  Part Time   
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

Full time  Part Time   
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

Full time  Part Time   
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

Full time  Part Time   
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_

Full time  Part Time   
Reason for leaving \_\_\_\_\_

Have you served in the Armed Forces or National Guard of the United States? \_\_\_\_\_ Branch? \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Have you been convicted, received probation or deferred adjudication when charged with a felony? \_\_\_\_\_  
If "yes", date \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State \_\_\_\_\_  
Charge \_\_\_\_\_ Disposition \_\_\_\_\_  
(Punishment/Sentence)

### References

Please list only individuals with whom you have worked at any position and who can attest to your work history, habits and performance.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_

I have reviewed the minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my employment is "at-will" and tenure with the Kingsland Municipal Utility District is for no definite period of time, and that wages, benefits and job conditions can be changed at any time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing employee.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records if necessary, educational history and contact with references and previous employers. I understand that any offer of employment is contingent upon the result of a reference and background check and a post-offer medical examination and drug screen.

I hereby release, indemnify and hold harmless any government entity, employer and person furnishing or receiving records and information about me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED APPLICATIONS TO:**  
**Human Resources Department**  
**Kingsland Municipal Utility District**  
**P O Box 748**  
**Kingsland, Texas 78639**

**AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND**  
**AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION**  
**AND DRUG TESTS**

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the Kingsland Municipal Utility District and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the Kingsland Municipal Utility District and/or its representatives. I also hereby release from liability and hold harmless the Kingsland Municipal Utility District, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the Kingsland Municipal Utility District and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the Kingsland Municipal Utility District all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the Kingsland Municipal Utility District for the sole purpose of employment-related matters.

I hereby authorize the Kingsland Municipal Utility District and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the Kingsland Municipal Utility District all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the Kingsland Municipal Utility District for the sole purpose of employment-related matters.

Applicant's Printed Name \_\_\_\_\_  
Last First Middle

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*An Equal Opportunity Employer*