

# GUADALUPE-BLANCO RIVER AUTHORITY

AN EQUAL OPPORTUNITY EMPLOYER  
EMPLOYMENT APPLICATION  
(All Medical Information Will Be Treated Confidentially)

Position you are applying for: \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Box or Street City State Zip

Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Office Other

Drivers License # \_\_\_\_\_ Exp Date \_\_\_\_\_ Type/Class \_\_\_\_\_  
(Used to obtain driver's license check pursuant to Section 37, Article, 6687B, V.T.C.S.)

Presently Employed?  Yes or  No May we contact your present employer?  Yes or  No

## Education and Training

	Name of School	Major Course of Study	Graduated Yes/No
High School			
College			
Post Graduate Work			
Trade or Business School			

## Special Training

Indicate any special training or certifications you have received: \_\_\_\_\_

## Special Skills

List and describe any special skills you may have such as office machines, machine operator, computer programmer, heavy equipment operator, etc: \_\_\_\_\_

## Military Service

Branch of Service \_\_\_\_\_ Time in Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Reserve Status \_\_\_\_\_

Service Duties \_\_\_\_\_

Service Schools \_\_\_\_\_

## Employment Record (Starting with most recent employer)

1. Present or last position: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Prior position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  

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3. Prior position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  

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4. Prior position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  

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5. Prior position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Personal References**

List below the names of 3 people with whom you are acquainted. Business addresses and phone numbers are preferred. Do not list relatives.

	Name	Address	Phone #	Occupation
1				
2				
3				

**Additional Remarks**

1. Have you ever been convicted, plead guilty or plead nolo contendere to a felony?  Yes or  No

If yes, explain:

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2. Give any additional information that might help us evaluate your qualifications:

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I declare all statements contained herein to be true and correct to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application may be considered cause for dismissal.

I understand that the successful completion of a medical examination (including a drug and alcohol screen) is required by GBRA as a condition of employment. I understand that if hired, my employment will be for an indefinite time and that my employment may be terminated for any reason at any time without advance notice. I understand that GBRA may amend, modify or revoke any of its rules, regulations or employment policies at any time. I understand that the rules, regulations or employment policies of GBRA do not create a personal contract of employment. I have read this entire application and understand its terms.

I authorize GBRA to communicate with schools, references, former employers (unless otherwise noted), and any others whom it desires, and agree to hold such persons harmless with respect to any information they may give.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

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

<b>FOR HUMAN RESOURCES USE ONLY</b>		
Position _____	Drug ____/____/____	Start Date ____/____/____
HR Interview ____/____/____	Physical ____/____/____	Salary _____
HM Interview ____/____/____	Worksteps ____/____/____	Location _____

**Guadalupe-Blanco River Authority**  
AN EQUAL OPPORTUNITY EMPLOYER  
**NOTICE TO APPLICANTS FOR EMPLOYMENT**

Please read carefully and ask questions about any part of this form that you do not completely understand.

GBRA requires certain information and tests of applicants for employment. Only information that is necessary for work purposes will be required and all medical information will be kept confidential.

1. **Employment Application:** A completed and signed application form is required prior to employment.
2. **Reference Check** of previous employers or other contacts provided by the applicant, including the optional possibility of background investigation and credit checks for employees who will handle cash or supplies, will be completed by GBRA.
3. **Pre-Employment Drug Screening Tests** are required for all prospective employees. Additional examinations and tests may be required for some positions and as part of investigations.
4. **Physical Examinations** by a qualified medical doctor selected by GBRA are required for all prospective employees following conditional offer of employment.
5. **Driving Record:** A check of the driving record for all employees will be required.
6. **Tests:** Job-related test(s) may be requested of applicant to determine the applicant's qualifications for a current or future job.
7. **Other Information:** Additional information may also be requested as required to select the applicant best suited for a position or to complete an investigation for violations of policy or work rules.

The information listed above was reviewed by the applicant whose signature appears below. Their signature indicates their understanding of the information and agreement to provide requested data and or participate in required tests. Failure to do so will be considered reasonable grounds for disqualification as an applicant.

Applicant Name \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
GBRA Representative

We hope all applicants will understand that all requested information is for the purpose of providing a safe and secure work place and selecting employees well suited to serve our customers.

Upon completion of this form, sign where indicated. Mail or fax back.  
Mail to: GBRA; 933 E. Court St.; Seguin, TX 78155, Attn: HR.  
Fax to: 830-379-9923





GUADALUPE-BLANCO RIVER AUTHORITY

**PRE-EMPLOYMENT DISCLOSURE  
AUTHORIZATION AND RELEASE**

I understand that in connection with my application for employment, and /or continuous employment, Guadalupe-Blanco River Authority (“Employer”), Intellicorp.net, their agents, assigns or any other authorized third parties (collectively, the “Investigators”) may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, criminal and credit histories and such other information (“Information”) as may be required.

I understand that Employer may rely on any part or all of this Information in determining whether to extend an offer of employment to me or to continue my employment. I further understand that if any adverse action is taken by Employer, or if Employer chooses not to extend an offer of employment to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check that may be performed by Investigators is being performed as part of the pre-employment process to evaluate me for employment or to continue my employment and is not conducted for any other purpose other than in connection with my application for employment.

I have read this Pre-Employment Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment. I hereby release Investigators from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment with Employer. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Maiden Name (if applicable)

Current Address:

\_\_\_\_\_  
Street City State Zip

Former Address:

\_\_\_\_\_  
Street City State Zip

*0Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130 -A 600 Pennsylvania Ave. N. W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**(OVER)**

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051