

# GUADALUPE-BLANCO RIVER AUTHORITY

AN EQUAL OPPORTUNITY EMPLOYER

## INTERNSHIP APPLICATION

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

### Personal Information

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

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

Phone # \_\_\_\_\_

### Education and Training

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

### 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 \_\_\_\_\_

## Personal References

List below the names of 3 people with whom you are acquainted.

|   | Name | Email | 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 to include training and skills:

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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 if hired, my internship will be for an indefinite time and that my internship 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 internship policies at any time. 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 \_\_\_\_\_

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

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 internship. Only information that is necessary for work purposes will be required and all medical information will be kept confidential.

1. **Internship Application:** A completed and signed application form is required prior to internship.
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.

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

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, scan or fax back.

Mail to: GBRA; 933 E. Court St.; Seguin, TX 78155, Attn: HR.  
Fax to: 830-379-9923  
Scan : HR@gbra.org



## DISCLOSURE REGARDING BACKGROUND CHECK

The Guadalupe-Blanco River Authority ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp, 3000 Auburn Drive, Suite 410,**

**Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).**

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate standalone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Guadalupe-Blanco River Authority at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).**

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current* employer for Employment and Reference Verifications. (Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

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

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

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

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
DL State

\_\_\_\_\_  
Email address (may be used for official correspondence)