

GUADALUPE-BLANCO RIVER AUTHORITY

AN EQUAL OPPORTUNITY EMPLOYER

GRANT FUNDED POSITION 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:

2. Give any additional information that might help us evaluate your qualifications to include training and skills:

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 grant funded position will be for an indefinite time and that my grant funded position 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 grant funded position 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 _____

Guadalupe-Blanco River Authority
AN EQUAL OPPORTUNITY EMPLOYER
**NOTICE TO APPLICANTS FOR GRANT
FUNDED POSITIONS**

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

1. **Grant funded position Application:** A completed and signed application form is required prior to a start date.
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: Elizabeth Edgerton.
Fax to: 830-560-3948
Email: eedgerton@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.

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.**

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)