



THE CLEAR LAKE CITY WATER AUTHORITY IS AN AT-WILL EMPLOYER

COMPLETING THE APPLICATION

- Resumes will not be accepted as a substitute for applications.
- Incomplete applications will not be considered.
- All statements made on this application are subject to verification.
- Read and complete the Clear Lake City Water Authority Employment Application.
- Read and complete the Clear Lake City Water Authority Terms of Application for Employment.
- Read and complete the Clear Lake City Water Authority Authorization to Obtain Information.

SUBMITTING YOUR APPLICATION

Mail or in person: Clear Lake City Water Authority
900 Bay Area Blvd.
Houston, TX 77058

Fax: 281-488-6644
Email: jobs@clcwa.org

STATUS

If your application meets the minimum required qualifications for the position you are applying, a company representative may contact you to schedule an interview. Thank you for your interest in employment with the Clear Lake City Water Authority.

HIRING POLICY

- The Clear Lake City Water Authority requires drug screening upon offer of employment, random, and post-accident.
- The Clear Lake City Water Authority is an E-Verify employer.
- Applicants are considered for positions, and all employees are treated similarly during employment without regard to race, creed, color, sex, age, national origin, marital or veteran status, disability or any other legally protected status. The Clear Lake City Water Authority is an Equal Opportunity Employer.
- Reasonable accommodations for individuals with disabilities will be made, when necessary, during the application process.
- Any application or supplement containing any misrepresentation by the applicant will be cause for cancellation of the application process or termination if they have been hired by CLCWA.
- Applications for employment will expire after one year unless otherwise notified.



Clear Lake City Water Authority

TERMS OF APPLICATION FOR EMPLOYMENT

I have reviewed the essential job functions and 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.

The information in this application is accurate, complete, and is subject to verification by the Clear Lake City Water Authority (CLCWA). I understand that if I have given any false information in this application or if I have omitted any material facts, I may be disqualified from employment with the CLCWA or if hired, I may be discharged immediately upon discovery of such false statements or omissions.

Applicants are considered for positions, and employees all are treated similarly during employment without regard to race, creed, color, sex, age, national origin, marital or veteran status, disability or any other legally protected status. The Clear Lake City Water Authority is an Equal Opportunity Employer.

PLEASE READ CAREFULLY and then initial, or have initialed on your behalf, each statement below to indicate you do understand and agree with the statement, **I HAVE READ, UNDERSTAND AND AGREE THAT:**

- _____ 1. I authorize the CLCWA, in considering my employment, to make any contacts it deems necessary (including, but not limited to: employers, agencies of public record or credit reporting agencies as followed by the Fair Credit Reporting Act). I authorize such investigation and the giving and receiving of any information requested by the CLCWA to verify all data given in my application for employment, related documents, or oral interviews. I understand that falsification, misrepresentation or omission of facts on this application or any other accompanying documents will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I release from liability any person giving or receiving any such information, including any liability arising from the employer's verification of prior employment history, criminal record, references and any other background information pertaining to the applicant.
- _____ 2. Only the Board of Directors has the authority to enter into any agreement for employment for any specified period of time, and that no such agreement has been offered to anyone as part of this application process.
- _____ 3. I understand that any offer of employment is contingent upon completing Form I-9 (Immigration and Naturalization Employment Eligibility Verification Form) and providing original documents required by the Immigration and Naturalization Service to verify my identity and employment eligibility.
- _____ 4. If requested, I agree to a search of any locker or premises assigned to me and I hereby waive all claims for damages on account of such examination.
- _____ 5. I consent to medical or psychological exams required or requested by the CLCWA as permitted under applicable law. I understand that employees will be subject to random drug and alcohol testing throughout their employment. I understand the CLCWA expects employees to report for work fit for duty, free from effects of drug use, including alcohol.
- _____ 6. I authorize any physician, medical provider or medical facility to release any information that may be necessary to determine my ability to perform the essential functions of my job after I receive an employment offer or during the course of my employment with the CLCWA.

- _____ 7. If I become employed by the CLCWA, such employment is for an indefinite period of time and the CLCWA can change wages, hours of employment, shift assignments, benefits, positions, and conditions of employment at any time.
- _____ 8. Any overtime I receive may be paid in the form of compensatory time at the sole discretion of the CLCWA.
- _____ 9. This application is the property of the CLCWA and will become a part of my personnel file if I am accepted for employment. I further understand that it is an application for employment and that no employment is being offered and that the CLCWA, in receiving this application, has made no contract of employment with me and has not in any way guaranteed my future employment. Further, no oral or implied agreements differing from written policy or authorized salary plans will be honored.
- _____ 10. If hired, I can be terminated or transferred to another position with or without cause at any time at the option of the CLCWA.
- _____ 11. I understand that employment eligibility includes applicable testing such as criminal history check, human performance evaluation, agility test and the finding may be used in the employment decision. If I require accommodation when the CLCWA administers pre-employment tests, I will notify Human Resource in writing of any accommodations when I submit my application.
- _____ 12. If I become employed by the CLCWA, the CLCWA does not in any manner guarantee my future employment in any particular position and, indeed, the CLCWA reserves both the right to terminate me or any employee in accordance with the law or to transfer me, or any employee to other positions as situations dictate.
- _____ 13. I understand that the Clear Lake City Water Authority may encounter emergency situations and I may be required to provide services or perform duties for the benefit of the general public during emergency situations. These may include services or duties different from those performed in the usual course and scope of your job. In the event of an evacuation you maybe be required to remain to perform needed services.
- _____ 14. I understand that the Clear Lake City Water Authority is an “at will” employer as defined by applicable laws.

I, the undersigned, certify that I have read and fully comprehend this form in its entirety and that the information provided is true and complete.

 PRINTED NAME OF APPLICANT

 SIGNATURE OF APPLICANT

 DATE SIGNED

Clear Lake City Water Authority
 900 Bay Area Blvd.
 Houston, TX 77058
 281-488-1164



Department Date Stamp Received
CONFIDENTIAL

P O S I T I O N	INSTRUCTIONS: Please complete, sign and return to the Administration Department. Applicants must complete all the blanks accurately, completely and legibly to be considered. All information provided is subject to verification. A FALSE STATEMENT OR OMISSION MAY RESULT IN DISQUALIFICATION FOR EMPLOYMENT OR DISCHARGE, IF EMPLOYED. The Clear Lake City Water Authority is an Equal Opportunity Employer and prohibits discrimination in employment because of race, color, sex, religion, national origin, age, disability and any other protected status under the State or Federal guidelines. No question on this application is intended to secure information to be used for discriminatory purposes.			
	POSITION APPLYING FOR:	APPLICATION DATE: DATE AVAILABLE TO BEGIN WORK:	CHECK ALL TYPES OF WORK YOU WILL ACCEPT: Full-Time <input type="checkbox"/> Days <input type="checkbox"/> Part-Time <input type="checkbox"/> Evenings <input type="checkbox"/> Temporary <input type="checkbox"/> Nights <input type="checkbox"/> Summer <input type="checkbox"/> Weekends <input type="checkbox"/>	
P E R S O N A L	NAME:		SOCIAL SECURITY #:	
	NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD:			
	STREET ADDRESS:			
	CITY:	STATE:	ZIP:	EMAIL:
	HOME NUMBER:		CELL NUMBER:	
	DRIVER LICENCE NUMBER:		STATE:	CLASS: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
	HAVE YOU BEEN CONVICTED OR PLACED ON DEFERRED DISPOSITION FOR ANY TRAFFIC VIOLATIONS WITHIN THE PAST THREE YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please provide information below:			
	VIOLATION:		VIOLATION:	
	DATE:		DATE:	
	DO YOU HAVE A COMMERCIAL DRIVER LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	CHECK ALL APPLICABLE LICENSE ENDORSEMENT(S): TRAILER <input type="checkbox"/> TANK <input type="checkbox"/> HAZMAT <input type="checkbox"/> COMBINATION <input type="checkbox"/> OTHER <input type="checkbox"/>			
	HAVE YOU EVER SERVED IN THE ARMED SERVICES? YES <input type="checkbox"/> NO <input type="checkbox"/>		DATES OF SERVICE	
BRANCH OF SERVICE:		FROM: TO:		
HAVE YOU EVER PLED GUILTY OR NO CONTEST, BEEN CONVICTED, OR PLACED ON COMMUNITY SUPERVISION TO A FELONY OR MISDEMEANOR OFFENSE IN A CIVILIAN OR MILITARY COURT? YES <input type="checkbox"/> NO <input type="checkbox"/> If "NO" skip to the next page				
DISPOSITION/DATE:	COURT/STATE:	WHAT WERE YOU CHARGED WITH?	RESULT:	
DISPOSITION/DATE:	COURT/STATE:	WHAT WERE YOU CHARGED WITH?	RESULT:	
DISPOSITION/DATE:	COURT/STATE:	WHAT WERE YOU CHARGED WITH?	RESULT:	
NOTE: PRIOR TO EMPLOYMENT, APPLICANTS MAY BE INVESTIGATED AS TO CONVICTIONS FOR PRIOR CRIMINAL OFFENSES. Answering "yes" may not automatically disqualify you, but a false statement or omission of information will. A prior conviction will be considered in relationship to the requirements of the job for which you are applying. Failure to answer the above questions truthfully may result in immediate dismissal.				

E D U C A T I O N	HAVE YOU EARNED A HIGH SCHOOL DIPLOMA OR GED?	COLLEGE, BUSINESS, TECHNICAL SCHOOLS ATTENDED	COURSE/MAJOR	HOURS COMPLETED	DEGREE TYPE
	YES <input type="checkbox"/>				
	NO <input type="checkbox"/>				
	IF A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION YOU ARE APPLYING FOR, COMPLETE THE FOLLOWING:				
	LICENSE/CERTIFICATION	ISSUING AUTHORITY LOCATION (CITY & STATE)	LICENSE NUMBER & EXPIRATION DATE	ISSUED BY (STATE OR OTHER AUTHORITY)	DATE ISSUED
S K I L L S	SPECIAL QUALIFICATIONS AND SKILLS: LIST QUALIFICATIONS AND SKILLS YOU POSSESS WHICH ARE REQUIRED FOR THE JOB DESCRIBED IN THE OFFICIAL JOB ANNOUNCEMENT AND MACHINES OR OFFICE EQUIPMENT YOU CAN USE, SUCH AS PRINTING OR GRAPHICS EQUIPMENT, COMPUTER EQUIPMENT, TYPES OF SOFTWARE AND HARDWARE, TYPING WORDS PER MINUTE, ECT. INDICATE ANY TRAINING YOU HAVE HAD WHICH IS DIRECTLY RELATED TO THE JOB.				
	LANGUGAGES OTHER THAN ENGLISH 1. SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> 2. SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/>				
I N F O R M A T I O N	1. Can you provide proof of both your identity and your right to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	2. Have you ever been employed at the Clear Lake City Water Authority? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list dates of employment, position held and name used if different from the name on this application				
	3. Do you have any relatives working for or holding office for the Clear Lake City Water Authority? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list name(s) and relation.				

EXPERIENCE: Start with your most recent position. List ALL work experience for the past 10 years, and any additional related or military experience. Be as specific as possible when listing your major job duties. Attach additional sheets if necessary. A resume may be attached but will not be substituted for a completed application. Please list ONE job position per space.

NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR					SPECIFIC REASON FOR LEAVING		
FROM MONTH/YEAR	TO MONTH/YEAR	JOB TITLE HELD:					
		JOB DUTIES:					
FULL-TIME TEMPORARY		PART-TIME SUMMER					
STARTING SALARY:							
ENDING SALARY:							
NUMBER OF EMPLOYEES SUPERVISED IF ANY:							
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>							

NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR					SPECIFIC REASON FOR LEAVING		
FROM MONTH/YEAR	TO MONTH/YEAR	JOB TITLE HELD:					
		JOB DUTIES:					
FULL-TIME TEMPORARY		PART-TIME SUMMER					
STARTING SALARY:							
ENDING SALARY:							
NUMBER OF EMPLOYEES SUPERVISED IF ANY:							
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>							

NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR					SPECIFIC REASON FOR LEAVING		
FROM MONTH/YEAR	TO MONTH/YEAR	JOB TITLE HELD:					
		JOB DUTIES:					
FULL-TIME TEMPORARY		PART-TIME SUMMER					
STARTING SALARY:							
ENDING SALARY:							
NUMBER OF EMPLOYEES SUPERVISED IF ANY:							
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>							

NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR					SPECIFIC REASON FOR LEAVING		
FROM MONTH/YEAR		TO MONTH/YEAR		JOB TITLE HELD:			
				JOB DUTIES:			
FULL-TIME TEMPORARY		PART-TIME SUMMER					
STARTING SALARY:							
ENDING SALARY:							
NUMBER OF EMPLOYEES SUPERVISED IF ANY:							
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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FULL-TIME TEMPORARY		PART-TIME SUMMER					
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ENDING SALARY:							
NUMBER OF EMPLOYEES SUPERVISED IF ANY:							
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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				JOB DUTIES:			
FULL-TIME TEMPORARY		PART-TIME SUMMER					
STARTING SALARY:							
ENDING SALARY:							
NUMBER OF EMPLOYEES SUPERVISED IF ANY:							
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>							

PERSONAL REFERENCES: List three people not related to you by blood or marriage, or who have not been listed in the Employment History Section, that can provide personal or professional references.

NAME	ADDRESS	PHONE NUMBER (DAYTIME) EMAIL ADDRESS	YEARS ACQUAINTED