

LOWER NECHES VALLEY AUTHORITY

APPLICATION FOR EMPLOYMENT

Date: _____

Remains in effect for a period of 90 days. To be considered for employment beyond this time you must re-apply in writing. Using ink, answer all questions: Do not indicate "See Resume: or include any information not requested. **PLEASE PRINT – use ink**

For which position are you applying? _____

Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home Phone # _____ Cell Phone # _____

- Can you furnish proof of your legal right to work in the United States? ___Yes ___No
(Proof of citizenship or immigration status will be required upon employment, along with an I-9 form.)
- If you are under 18 years of age, can you provide required proof of your eligibility to work? ___Yes ___No
- On what date would you be available for work? _____
- Acceptable beginning hourly rate/salary: _____
- Are you available to work: ___ full time ___ part time ___ shift work ___ temporary
- Do you meet the skills, education, and experience requirements of the position for which you are applying?
___Yes ___No
- Are you able to perform the essential functions of the job for which you are applying? ___Yes ___No
- Have you ever worked for this company before? ___Yes ___No If yes, give dates of employment and reason for leaving: _____
- Have you ever been convicted of, plead guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors or felonies)? ___ Yes ___ No
- If yes, describe fully, including dates, criminal offenses, location (city and state), and disposition:

Conviction will not necessarily disqualify an applicant from employment.

- List any relatives currently employed with the Authority:

Name: _____ Relationship: _____

EDUCATION	Name and location of school	Years Completed	Diploma/Degree Received	Subjects studied Major/Minor	Grade Point Average
High School					
Undergraduate College or University					
Graduate/ Professional					
Other					

Describe any academic honors you have received.

Describe any special skills, experience, specialized training, apprenticeship, co-ops.

Describe your computer skills.

List all honors, civic, social, and professional activities during your school and professional careers. Omit those that include race, color, religion, age, sex, national origin, disability, veteran status, genetic information, or union membership.

Military Data:

Branch of Service: _____ Dates of Service: (start)_____ (end)_____

Describe any job-related training you received in the United States Military.

Are you currently employed? ____ yes ____ no

If **yes**, may we inquire of your present employer? _____

EMPLOYMENT DATA: Begin with present or most recent position. In listing dates, give month and year.

NOTE: If break between jobs, please explain.

Employer Name:	Phone:
Employer Address:	
Job Title:	Supervisor:
Dates Employed: (start)	(end)
Hourly Rate/Salary: (start)	(end)
Reason for leaving:	
Summarize the nature of work performed and job responsibilities:	

NOTE: If break between jobs, please explain:

Employer Name:	Phone:
Employer Address:	
Job Title:	Supervisor:
Dates Employed: (start)	(end)
Hourly Rate/Salary: (start)	(end)
Reason for leaving:	
Summarize the nature of work performed and job responsibilities:	

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Employer Name:	Phone:
Employer Address:	
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Dates Employed: (start)	(end)
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Employer Name:	Phone:
Employer Address:	
Job Title:	Supervisor:
Dates Employed: (start)	(end)
Hourly Rate/Salary: (start)	(end)
Reason for leaving:	
Summarize the nature of work performed and job responsibilities:	

NOTE: If break between jobs, please explain:

Employer Name:	Phone:
Employer Address:	
Job Title:	Supervisor:
Dates Employed: (start)	(end)
Hourly Rate/Salary: (start)	(end)
Reason for leaving:	
Summarize the nature of work performed and job responsibilities:	

NOTE: If break between jobs, please explain:

REFERENCES Give the names of three (3) persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted

EQUAL OPPORTUNITY STATEMENT

LOWER Neches Valley Authority provides equal opportunity to all qualified persons, without regard to race, color, religion, age, sex, national origin, veteran status, disability, genetic information, or other legally protected status.

CERTIFICATION AND AGREEMENT

- I understand that I will be considered to be an “Applicant” only if I have properly completed this application, designated a particular position that is open (or may come open within 90 days,) **and my background and qualifications meet Lower Neches Valley Authority’s requirements for such position.**
- I certify that all information given on this application and accompanying documentation is true and correct.
- I understand that any misrepresentation or falsification of information or material omission will be cause for rejection of my application or for subsequent corrective action or termination of employment if discovered at a later date.
- I certify that I have read and understand Lower Neches Valley Authority’s *Drug and Alcohol Free Workplace* policy and that my employment is contingent upon the results of a drug screening analysis for substance abuse, the results of such analysis may be grounds for disqualifying me or terminating my employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by Lower Neches Valley Authority’s policies, practices, safety, and health rules.
- I understand that my employment is not guaranteed for any term and that my employment may be terminated by the Authority of myself at any time with or without cause. No management official is authorized to make any oral assurance or promise of continued employment.
- I hereby give Lower Neches Valley Authority the right to make a thorough investigation of my past employment, education, and activities, and release from all liability all persons, companies, corporations, and agencies supplying such information. I indemnify Lower Neches Valley Authority against any liability that might result from making such investigation and acknowledge that the results of any such investigation may be grounds for disqualifying me or terminating my employment.

I have read and fully understand the contents of the Certification and Agreement section.

Signature of Applicant

Date

P.O. Box 5117
Beaumont, TX 77726-5117
(409) 892-4011



7850 Eastex Freeway
Beaumont, TX 77708-2815
FAX (409) 898-2468

Article X. HEALTH AND SAFETY

Section 2. DRUG AND ALCOHOL FREE WORKPLACE POLICY

- A.** The policy of Lower Neches Valley Authority (LNVA) is to maintain a safe and healthful working environment for all employees. The use of drugs and other substances covered by this policy is inconsistent with the behavior expected of employees, subjects all employees and visitors to our facilities to unacceptable safety risks, and undermines the ability of LNVA to operate effectively and efficiently.
- B.** This policy establishes expected standards of conduct for all employees, and it states the remedial actions that may be taken if the standards are violated.
- C.** The requirements of this policy extend to the use of alcoholic beverages and illegal drugs.
- D. Standards of Conduct**

The following rules represent the policy of the Authority on the abuse of illegal drugs and alcohol. They will be enforced uniformly with respect to all employees.

1. All employees are prohibited from being under the influence of alcohol, inhalants, or illegal drugs during working hours.
 2. The sale, possession, transfer, or purchase of illegal drugs on Authority property or while conducting business for the Authority is strictly prohibited. Such action will be reported to the appropriate law enforcement officials.
 3. No alcoholic beverage will be brought or consumed on the premises of the Authority.
 4. Any employee using prescription drugs which may impair work performance shall notify Human Resources upon reporting to work.
 5. Each employee is required to sign a consent agreement authorizing collection of a urine sample for the purpose of determining the presence of alcohol or drugs in his or her system. Upon direction of the General Manager each employee will undergo screening for the presence of illegal drugs or alcohol as a condition for continued employment. Refusal by an employee to submit to a drug and/or alcohol analysis may result in the immediate termination of employment.
- E.** Violations of these standards will result in corrective action up to and including termination of employment.
 - F. Treatment**

Any employee who feels that he or she has developed an addiction to or dependence on alcohol, inhalants, or drugs is encouraged to seek assistance.

G. Testing

1. Post Offer Pre-employment Drug Testing

All applicants will undergo screening for the presence of illegal drugs or alcohol as a condition for employment.

- a. Applicants are required to voluntarily submit to a urinalysis test at a laboratory chosen by the Authority, and sign a consent agreement to release the Authority from liability.
- b. Any applicant with a positive test result for illegal drugs or alcohol will be denied employment.

2. Post Job Injury Drug Testing

Employees injured on the job will undergo screening for the presence of illegal drugs or alcohol. Positive test results may affect Workers' Compensation claims.

3. Post-Accident Drug Testing

Testing for illegal drugs and alcohol may be administered following an accident involving personal injury or damage to an Authority owned vehicle or property.

4. Reasonable Suspicion

Testing for illegal drugs and alcohol may be administered when a supervisor or other management employee has a reasonable suspicion that an employee is under the influence of illegal drugs or alcohol. Reasonable suspicion is defined as suspicion based on observations that a supervisor or other management employee can describe regarding the appearance, speech, attendance or absenteeism irregularities, breath odor, actions or unusual conduct of the employee, including but not limited to stumbling, slurred speech, bloodshot eyes, loss of consciousness, smelling of alcohol, or reports from employees or others, or other circumstances that raise questions that the employee is not in the normal possession of his mental and physical faculties, or that the employee may be in violation of this substance abuse policy.

5. Random

Under procedures approved by the General Manager, testing may be given on an unannounced basis and employees are selected for testing on a random basis.

H. Definition of Being Under the Influence

The term "being under the influence" means having the presence of alcohol or illegal drugs in the employee's system. Testing shall consider presence of alcohol or illegal drugs in the employee's system and not degree of use, intoxication or impairment.

I. Definition of Prohibited Drugs

The term "illegal drugs" means the controlled substances as specified in the criminal and civil laws and statutes of the State of Texas, and the dangerous drugs as so specified, and the controlled substances and drugs defined in United States Code, Title 21, together qualifying as a drug as determined by the Drug Enforcement Administration division of the U.S. Department of Justice, and without limiting the foregoing, all forms of narcotics, derivatives of drugs, depressants, opiates, stimulants, hallucinogens, marijuana, look-alike drugs, designer drugs, illegal inhalants, drug paraphernalia, and any one or more combination of the foregoing. The term "illegal drugs" further includes, without limitation, any drug or substance which is not legally obtainable, is not legally obtained, or which, after being legally obtained, is used by a person for a purpose, or in an amount or dosage,

other than for which it was intended, was prescribed, or is prudent under the circumstances.

J. Tampering

If an employee provides specimens that contain confirmed evidence of any form of tampering or substitution, the act shall constitute a refusal to be tested.

K. Payment for Testing

All required drug and physical tests are paid for by the Authority. Any subsequent services needed as a result of the tests, however, are the full responsibility of the applicant or employee.

Section 3. SEARCHES

- A.** The Authority reserves the right to make general or random searches of Authority property, such as lockers, closets, and desks, for alcohol, prohibited drugs, or drug paraphernalia without the consent of the employee. Any materials brought into the workplace, such as personal effects, briefcases, vehicles, and so on, may be subject to search at any time if a reasonable suspicion exists that alcohol, prohibited drugs, or drug paraphernalia may be found. If the employee is available, he or she will be asked to consent to the search. Failure to consent will result in disciplinary action. Searches are conducted as privately as possible, involving only persons with a need to know, and must be authorized by the General Manager or his or her designee. The use of privately owned padlocks or other locking mechanisms is prohibited.