



AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Telephone # _____ Mobile/Other Phone # _____ E-mail Address _____

Do you have a CDL license? YES NO

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM			TO			EMPLOYER			PHONE NUMBER		
STARTING JOB TITLE / FINAL JOB TITLE						ADDRESS					
IMMEDIATE SUPERVISOR AND TITLE						SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES					
MAY WE CONTACT FOR REFERENCE?						REASON FOR LEAVING			HOURLY RATE/SALARY		
YES	NO	LATER				START \$			PER	FINAL \$	PER

Continued

FROM

TO

EMPLOYER

PHONE NUMBER

STARTING JOB TITLE / FINAL JOB TITLE

ADDRESS

IMMEDIATE SUPERVISOR AND TITLE

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES

MAY WE CONTACT FOR REFERENCE?

REASON FOR LEAVING

HOURLY RATE/SALARY

YES

NO

LATER

START \$

PER

FINAL \$

PER

Have you ever served in the United States Military?

Yes

No

Branch:

If yes, please specify dates:

to

Rank achieved:

Schools/Training:

Skills and Qualifications

Summarize any training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the positions for which you are applying.

<input type="checkbox"/> CPR/First Aid	<input type="checkbox"/> Security Training	<input type="checkbox"/> Accounting	<input type="checkbox"/> Book-keeping
<input type="checkbox"/> Office Access	<input type="checkbox"/> Presentation Software	<input type="checkbox"/> Transcription	<input type="checkbox"/> Database
<input type="checkbox"/> GIS	<input type="checkbox"/> Web Publishing	<input type="checkbox"/> CAD	<input type="checkbox"/> Analytical
<input type="checkbox"/> Office Excel	<input type="checkbox"/> Office Word		

Educational Background (If job related)

NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?		SUBJECTS STUDIED
HIGH SCHOOL:				
COLLEGE:		MAJOR	DEGREE	
OTHER:				

References (Give the names of 3 persons not related to you)

NAME	ADDRESS/ PHONE	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the Water District is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the Water District's service, whenever it is discovered.

I expressly authorize, without reservation, the Water District, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Water District, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Water District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the Water District and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I further understand that if this application is made in response to solicitation by the Water District, it will be closed out when the position is filled.

I understand that any offer of employment made to me is contingent upon my passing a post-offer drug screen and background check.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Water District reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Water District is authorized to make any assurances to the contrary and that no implied, oral or written agreements to the contrary to the foregoing express language are valid unless they are in writing and signed by the Water District's Chairperson of the Board.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____