

**CARPINTERIA VALLEY WATER DISTRICT**

**1301 Santa Ynez Avenue**

**Carpinteria, CA 93013**

**APPLICATION FOR EMPLOYMENT**

*We consider applications for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability, or an other legally protected status.*

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Positions(s) Applied For: \_\_\_\_\_

Referral Source:

Advertisement

Friend

Relative

Walk-in

Employment Agency

Other: \_\_\_\_\_

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Address:

\_\_\_\_\_

Number

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Telephone:

( ) \_\_\_\_\_

Cell: \_\_\_\_\_

( ) \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a valid California driver's license?

Yes

No

If employed, and under 18, can you furnish a work permit?

Yes

No

Have you ever filed an application here before?

Yes

No

If yes, when? \_\_\_\_\_

Have you ever been employed here before?

Yes

No

If yes, when? \_\_\_\_\_

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this county?

Yes

No

*(Proof of citizenship or Immigration status will be required upon employment.)*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

Full time

Part-time

Shift work

Temporary

Can you travel if the job requires it?

Yes

No

If hired, would you have a reliable means of transportation to and from work?

Yes

No

**AN EQUAL OPPORTUNITY EMPLOYER**

Are you able to perform the essential functions of the job for which you are applying?

Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)*

**EDUCATION:**

School	Name and Address	Number of years completed:	Did you graduate?	Degree or Diploma:
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, age, marital or veteran status, or any other legally protected status.

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1.) Employer: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Dates Employed: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Hourly Rate / Salary: (Starting) \_\_\_\_\_ (Final) \_\_\_\_\_  
 Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2.) Employer: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Dates Employed: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Hourly Rate / Salary: (Starting) \_\_\_\_\_ (Final) \_\_\_\_\_  
 Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3.) Employer: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Dates Employed: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Hourly Rate / Salary: (Starting) \_\_\_\_\_ (Final) \_\_\_\_\_  
 Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Special Skills and Qualifications:**

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for the job for which you are applying? If so, please explain.

*(If you need additional space, please continue on a separate sheet of paper.)*

**California Department of Public Health - Water System Operator Certification (circle highest levels; provide copies):**

Water **Treatment**: T 

1	2	3	4	5
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Water **Distribution**: D 

1	2	3	4	5
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**Military Service:**

Have you obtained any special skills or abilities as the result of service in the military?  Yes  No

If so, please describe. \_\_\_\_\_

**REFERENCES:**

List below, three persons not related to you who have knowledge of your work performance within the last three years.

1.) Name: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

2.) Name: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

3.) Name: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatements of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the District any and all letters, reports, and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the District. In addition, I understand and agree that if I am employed, my employment is "at-will" which means it is for no definitive or determinable period and may be terminated at any time, with or without prior notice, at the option of myself or the District, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representative.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_