

CARPINTERIA VALLEY WATER DISTRICT

1301 Santa Ynez Avenue

Carpinteria, CA 93013

www.cvwd.net

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:

() _____

Social Security Number: _____

Do you have a valid California driver's license?

Yes

No

License #: _____

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

Are you on lay-off and subject to recall?

Yes

No

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

Have you ever been convicted of a felony?

Yes

No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case.

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: _____

