



Application for Employment East Orange County Water District

Today's Date _____ 20 ____

East Orange County Water District policy prohibits discrimination on the basis of age, race, color, religion, sex, orientation, national origin, citizenship or disability in accordance with applicable state and federal laws

Please print clearly and complete all information requested

POSITION APPLYING FOR: _____

NAME AND ADDRESS

Name Last First Middle Social Security No.

Current Address Number Street apt City State Zip Code

Home Telephone Number () Area Code Number Work (or Message) Telephone Number () Area Code Number

[Redacted Section]

Driver's License Number State Number Class

Vehicle Accidents within last five years Yes No

Vehicle Citations within last five years Yes No

Explain

Can you verify your legal right to work in the United States? Yes No

Are you available for shift work if required by the position? Yes No

Are you willing to work overtime as required? Yes No

Have you worked for EOCWD before? Yes No

Date Position

Date available for work

List friends working for us:

List relatives working for us and what relation?

[Redacted Section]

WORK HISTORY: Beginning with your most recent position account for all of your time for the past 10 years

1. Company	From		To		Immediate Supervisor
	Month	Year	Month	Year	
Job Title					Phone
Business Address (Street, City, Zip)					
Reason for leaving					
Description of Duties					

2. Company	From		To		Immediate Supervisor
	Month	Year	Month	Year	
Job Title					Phone
Business Address (Street, City, Zip)					
Reason for leaving					
Description of Duties					

3. Company	From		To		Immediate Supervisor
	Month	Year	Month	Year	
Job Title					Phone
Business Address (Street, City, Zip)					
Reason for leaving					
Description of Duties					

4. Company	From		To		Immediate Supervisor
	Month	Year	Month	Year	
Job Title					Phone
Business Address (Street, City, Zip)					
Reason for leaving					
Description of Duties					

5. Company	From		To		Immediate Supervisor
	Month	Year	Month	Year	
Job Title					Phone
Business Address (Street, City, Zip)					
Reason for leaving					
Description of Duties					

6. Company	From		To		Immediate Supervisor
	Month	Year	Month	Year	
Job Title					Phone
Business Address (Street, City, Zip)					
Reason for leaving					
Description of Duties					

EDUCATION/SKILLS					
Name of School	City & State	Major or Type of Course	Circle Last Year Comp.	Degree	
High School			9 10 11 12		
College or University			1 2 3 4		
Trade School / Additional Schooling _____					

List below any other experience you feel would be helpful in considering your application

OTHER
List below any other professional licenses, certifications or registrations (list states and registration numbers), training, professional organizations or experience. _____ _____

BUSINESS MACHINES
<p>Check the machines you can operate (indicate speed where requested)</p> <p> <input type="checkbox"/> Typewriter WPM _____ <input type="checkbox"/> WordProcessor WPM _____ <input type="checkbox"/> Multi line phones <input type="checkbox"/> Calculator <input type="checkbox"/> Computer <input type="checkbox"/> Shorthand WPM _____ </p> <p>List computer programs _____</p>

CONSTRUCTION EQUIPMENT/MACHINES OPERATED
List below the types of construction equipment and machines you have used _____ _____ _____

OPERATOR CERTIFICATION			
WASTEWATER/COLLECTION SYSTEMS		WATER	
State	Grade / level	State	Grade / level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All applicants please read the following and address any questions to the personnel representative before signing below.

I authorize East Orange County Water District to make such investigations and inquires of my employment or other related matters as may be necessary in arriving at an employment decision. I certify that the information given hereon is true. I understand that falsification of this record is cause for immediate dismissal. It is also understood that upon hire, I will be required to furnish additional information as requested by the District. I understand that employment is contingent on passing a drug screen examination. I understand that after an offer of employment I may be required to pass a mental and / or physical examination to determine my ability to perform the essential functions of the job.

I understand and agree that my employment is at-will and that I may terminate my job at any time for any reason. I also understand that the District may terminate my job at any time with or without notice and with or without cause. My at-will status may only be changed in a written document signed by the general manager.

Applicant signature

Date