

# Application For Employment

Midway Heights County Water District admin@mhcwd.org 530-878-8096

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Friend/Relative: (name) _____	<input type="checkbox"/> Website: (name) _____
<input type="checkbox"/> Advertisement (publication) _____	<input type="checkbox"/> Other: _____

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number (Day)	Telephone Number (Evening)		
Email Address			

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

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

Are you currently available to work:  Full Time  Part Time  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -**

# Education

	High School	Undergraduate College/University*	Graduate/ Professional*
School Name and City			
Years Completed			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra curricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

\*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

<b>1.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason looking to leave or have left.			
<b>2.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			
<b>3.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			
<b>4.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

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

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

# References

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Give name, address and telephone number of three business references who are not related to you.

	Name	Relationship	Email Address	Telephone Number
1.				
2.				
3.				

Do you have the physical and mental ability to perform the tasks on the **attached** job description (with or without accommodation)?

Yes  No

*(If accommodation is necessary, please describe below)*

# Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the MHCWD is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and proof of insurance.

I understand and hereby acknowledge that any employment relationship with MHCWD is of an "at will" nature, which means that the employee may resign at any time and the MHCWD may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the MHCWD.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the MHCWD.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the MHCWD, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

## NOTES: