

# Application for Employment



# San Juan Water District

9935 Auburn-Folsom Road  
 Granite Bay, CA 95746  
 (916) 791-0115  
 www.sjwd.org

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 Applied For	Date of Application
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How did you learn about us?

<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Relative	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website(s): _____

Last Name	First Name	Middle Name
Address	City	State Zip
Telephone Number(s)	General Evening	E-Mail

If you are under 18, and it is required, can you provide a work permit?  Yes  No  
 If no, please explain \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No  
 Have you ever been employed here before? If yes, give date(s) \_\_\_\_\_  Yes  No  
 Are you currently employed?  Yes  No  
 May we contact your present employer?  Yes  No  
 Date available for work: \_\_\_\_\_  
 Type of employment desired:  Full Time  Part Time  Temporary  Yes  No  
 Are you able to meet the attendance requirements of the position?  Yes  No  
 Can you travel if a position requires it?  Yes  No  
 Do you have any relatives working for the San Juan Water District?  Yes  No  
 If yes, please state name(s) and relationship(s): \_\_\_\_\_

**Education**

Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College/University		Major	Degree	
Other				

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

Have you had any training in the U.S. military which is related to the position you are applying for?  Yes  No  
 If Yes, please describe: \_\_\_\_\_

**Licenses, Certifications, Special Skills and Qualifications**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you hold other Licenses/Certifications, please indicate: (list additional on separate sheet of paper)

Name of License/Certification	Issuing Agency	Number	Date Issued	Date Expires	Status

For any revoked/suspended license/certification, state reason, date of revocation/suspension and reinstatement: \_\_\_\_\_

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

\_\_\_\_\_

## Employment History

Provide the following information for your last four (4) employers, assignments or volunteer activities, starting with the most recent. If you need additional space, please continue on a separate sheet of paper.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	Start Per Final Per \$ \$ \$ \$
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	Start Per Final Per \$ \$ \$ \$
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	Start Per Final Per \$ \$ \$ \$
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor/Title		Summary of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	Start Per Final Per \$ \$ \$ \$

## References

Name	Agency/Company	Telephone	Years Known

Based upon the position description, are you able to perform the essential duties of the position with or without reasonable accommodation(s)?

Yes  No If no, please describe: \_\_\_\_\_

## Applicant Certification

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer 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 local, state or federal law.

This application for employment is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

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 employer 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 representative of the employer other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that if offered employment, the offer will be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical, and I 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.

I represent and warrant that I have read and fully understand the foregoing and see employment under these conditions.

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

## Equal Employment Opportunity Data

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

To be completed by applicant:

Completion of this form is entirely voluntary. All information provided will remain confidential and will not affect your application for employment. This information will assist SJWD in evaluating its recruitment program and in accurately compiling statistical reports required by federal law for equal opportunity employment purposes. It will not become part of your personnel record if you are hired by SJWD.

Position Applying For:

Gender:             Male    Female

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Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
<input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

Thank you.