



Employment Application

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		
Last Name		First Name		Middle	Other Names Used
Address			City		State Zip
Telephone Number(s)	Home:		Mobile:		Work: <i>(Voluntary)</i>
Email Address:	Home:		Work: <i>(Voluntary)</i>		

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	
Are you legally permitted to work in the United States? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the job for which you are applying requires a California Driver License, do you possess one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If No, please explain:

Are you related to a current Calleguas Board Member or Employee?

Yes No

If Yes, please explain:

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

Education (Transcripts may be required)

Name of School*	City and State	# of Years Attended	Major Course of Study	Degree or Certification

*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
SPEAK			
READ			
WRITE			

<p>Additional Information <i>Please provide additional information to this position. List other formal training which may be related to this position</i></p>

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

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

1.	Employer	From	To
	Address	Telephone	
	City, State Zip	Supervisor	
	Job Title	Reason for Leaving	
	Description of your work		
2.	Employer	From	To
	Address	Telephone	
	City, State Zip	Supervisor	
	Job Title	Reason for Leaving	
	Description of your work		
3.	Employer	From	To
	Address	Telephone	
	City, State Zip	Supervisor	
	Job Title	Reason for Leaving	
	Description of your work		
4.	Employer	From	To
	Address	Telephone	
	City, State Zip	Supervisor	
	Job Title	Reason for Leaving	
	Description of your work		

Special Skills and Qualifications

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

Have you ever had any training in the United States military which is related to the job for which you are applying? Yes No

If Yes, please describe:

References

Please provide reference information for anyone who has knowledge of your skills, experience and/or ability who you authorize CMWD to contact as part of a background investigation. References may not be relatives.

1.

Name

Address

Title/Occupation

Years Known

Phone Number

2.

Name

Address

Title/Occupation

Years Known

Phone Number

3.

Name

Address

Title/Occupation

Years Known

Phone Number

Applicant's Statement

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 Calleguas MWD 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 understand that I will be required to provide a copy of my official driving record and proof of insurance.

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.

I understand and hereby acknowledge that any employment relationship with Calleguas MWD is of an "at will" nature, which means that the employee may resign at any time and Calleguas MWD 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 Calleguas MWD.

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 Calleguas MWD.

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 Calleguas MWD, 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: _____