

CARMICHAEL WATER DISTRICT

Employment Application (rev.20180101)

Please Note:

- Type or print in ink when you complete this application.
- Incomplete or illegible applications will not be considered.
- Application must be signed.
- It is the applicant's responsibility to notify the District of any change of address or telephone number.

APPLICANT INFORMATION									
Last Name			First			M.I.			
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Do you have the legal right to work in the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	All new employees will be required to complete an I-9 form and provide documentation establishing identity and employment eligibility within three (3) days of hire.				
Are you 18 years of age or over?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If applicant is under 18, hire is subject to verification that you are of minimum legal age.				
Do you have a valid California's Driver's License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for Carmichael Water District?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Friends and/or relatives currently employed by Carmichael Water District									
How did you learn about this position?									

POSITION			
Position Applied for		Date Available	
I acknowledge that I have read and understand the job description for the position that I am applying for?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to perform the essential functions of the position for which you are applying based on the job description with or without reasonable accommodation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION, TRAINING & CERTIFICATIONS									
Circle last year completed in school: <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20									
<input type="checkbox"/> Other									
High School		Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College		Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other		Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Describe your specialized training, apprenticeships, skills and extra-curricular activities:									

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Certifications & Licenses (List type of certification/license, issuing state/organization, license/certificate number, expiration date)

List additional information about your experience and skills that you feel may be useful:

REFERENCES

Please provide the names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

EMPLOYMENT HISTORY

Please list your job history for at least the past 10 years, starting with your present or most recent employment. Include military service assignments and volunteer activities which relate to the position 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.

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE		
Have you obtained any special skills or abilities as a result of service in the military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, describe		

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APPLICANT CERTIFICATION AND SIGNATURE	
I hereby certify that I have not knowingly withheld any required information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment may result in rejection of my application or immediate discharge if I am employed; regardless of the time elapsed before discovery.	_____ initials
I understand that if employed, I will be required to abide by all District standards, rules, regulations, policies, and procedures.	_____ initials
I understand that this application does not represent an offer of, or contract for employment.	_____ initials
I understand that as this District deems necessary, I may be required to work overtime or hours outside a normally defined workday or work week.	_____ initials
I hereby authorize Carmichael Water District to thoroughly investigate my references, work record, education and other matters related (i.e. background check, DMV, etc.) to my suitability for employment. I authorize the references I have listed to disclose to the District information related to my records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other sources from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.	_____ initials
I understand that by accepting an offer of employment I shall be required, at District expense, to submit to a physical examination, and screening/testing, as required for my position. Carmichael Water District is a drug-free environment and all prospective employees will be required to submit to a drug screening test as part of our pre-placement application process.	_____ initials
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification documentation form upon hire.	_____ initials
Signature _____	Date _____