

# Employment Application

Position Applied for: \_\_\_\_\_

INSTRUCTIONS: Please read the employment announcement carefully to determine if you possess the necessary qualifications for the job. Complete this application clearly using ink or type. Answer all questions accurately and completely. All statements in this application are subject to verification and incorrect or incomplete statements may bar or remove you from the selection process. A separate application will be required for each position. Applications will only be accepted for open positions. Resumes will not be accepted in place of a completed application. You should respond completely to the information requested in this application and provide all supplemental information required.

1a. LAST NAME	1b. FIRST NAME	1c. MIDDLE NAME	
2. SOCIAL SECURITY NUMBER (Voluntary)	3a. DAY TIME PHONE	3b. MESSAGE PHONE	
4. STREET ADDRESS			
5. CITY	6. STATE	7. ZIP CODE	
8. CAN YOU MEET THE PHYSICAL, MENTAL, AND ENVIRONMENTAL REQUIREMENTS OF THE POSITION AS STATED? <div style="text-align: right;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>			
9. MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS, CHARACTER, ETC...? (Be advised, if you become a finalist for the position, we must be able to contact your present employ <div style="text-align: right;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>			
10a. DRIVER'S LICENSE NUMBER	10b. STATE WHERE ISSUED	10c. EXPIRATION DATE	
11. WERE YOU EVER TERMINATED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICES? <div style="text-align: left;"> <input type="checkbox"/> No                      <input type="checkbox"/> Yes. If yes, explain the circumstances of each case in appropriate detail below.         </div>			
12. HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR WITHIN THE LAST FIVE (5) YEARS, A MISDEMEANOR? <div style="text-align: left;"> <input type="checkbox"/> No                      <input type="checkbox"/> Yes                      If yes, give date, place, violation, and penalty for each conviction below. A conviction will not necessarily disqualify an applicant, but will be reviewed for job relatedness. You may wish to attach a separate sheet explaining any convictions.         </div>			
13. CIRCLE THE HIGHEST GRADE COMPLETED. <div style="text-align: center;">             8   9   10   11   12   13   14   15   16   17   18   Other:         </div>			
14a. NAME AND LOCATION OF HIGH SCHOOL:			
14b. IF NOT A HIGH SCHOOL GRADUATE, HAVE YOU PASSED THE GED TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. SCHOOLS ATTENDED OTHER THAN HIGH SCHOOL			
Name	Location	Credits Earned	Degree / Certificate Received

16. PLEASE DESCRIBE ANY PERTINENT SKILLS YOU HAVE SUCH AS WORD PROCESSING, COMPUTER, MACHINE OR EQUIPMENT OPERATION, OR FOREIGN LANGUAGE SKILLS. ATTACH ADDITIONAL SHEETS AS NEEDED.

17. PLEASE LIST CERTIFICATES, LICENSES, OR PROFESSIONAL COMPETENCE YOU POSSESS WHICH RELATE TO THIS POSITION.

EXPERIENCE: Resumes may be provided as supplemental material, but will not be accepted or substituted for a complete application. You should respond completely to the information requested listing your most recent employment first, following in chronological order. List different positions with the same employer in different information blocks. List all experience. Applicants are encouraged to submit additional information to fully describe related experience, employment history, training and education.

18a. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY		
		\$ [ ]/ Hour [ ]/ Week [ ]/ Month		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
[ ] FULL TIME [ ] PART TIME		[ ] PAID [ ] VOLUNTEER		
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER?		[ ] YES [ ] NO		
SUPERVISOR'S NAME		TELEPHONE NUMBER		
18b. PRIOR JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY		
		\$ [ ]/ Hour [ ]/ Week [ ]/ Month		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
[ ] FULL TIME [ ] PART TIME		[ ] PAID [ ] VOLUNTEER		
REASON FOR LEAVING				
MAY WE CONTACT YOUR FORMER EMPLOYER?		[ ] YES [ ] NO		
SUPERVISOR'S NAME		TELEPHONE NUMBER		

18c. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY \$ [ ]/ Hour [ ]/ Week [ ]/ Month		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
[ ] FULL TIME [ ] PART TIME		[ ] PAID [ ] VOLUNTEER		
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER? [ ] YES [ ] NO				
SUPERVISOR'S NAME		TELEPHONE NUMBER		
18d. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY \$ [ ]/ Hour [ ]/ Week [ ]/ Month		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
[ ] FULL TIME [ ] PART TIME		[ ] PAID [ ] VOLUNTEER		
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER? [ ] YES [ ] NO				
SUPERVISOR'S NAME		TELEPHONE NUMBER		
18e. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY \$ [ ]/ Hour [ ]/ Week [ ]/ Month		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
[ ] FULL TIME [ ] PART TIME		[ ] PAID [ ] VOLUNTEER		
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER? [ ] YES [ ] NO				
SUPERVISOR'S NAME		TELEPHONE NUMBER		

19. USE THIS SPACE TO PROVIDE ADDITIONAL INFORMATION AS REQUIRED BY THIS APPLICATION, OR TO DESCRIBE IN GREATER DETAIL ANY ASPECTS OF YOUR EXPERIENCE OR ACTIVITIES PERTINENT TO THE POSITION YOU ARE SEEKING.

Applicants shall be required to submit proof of legal U.S. residency and successfully pass a job related medical examination and initial/routine drug/alcohol testing. A background investigation will be conducted as part of the selection process.

CERTIFICATE OF APPLICANT: I certify that all statements made in this application and related attachments are true and complete to the best of my knowledge. I authorize and fully release San Bernardino Valley Municipal Water District from any legal liability covering the investigation of all matters contained in this application. I agree and understand that any misstatement or omission of material fact on this application or in any step of the selection process will subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

20. Please provide a minimum of four personal and work related references that the District can contact upon receipt of your application.

20a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

20b. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

20c. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

20d. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_