



# APPLICATION FOR EMPLOYMENT

**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 medical condition or 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"/> Employment Agency	<input type="checkbox"/> School (Name: _____)		
<input type="checkbox"/> Advertisement (Where: _____)	<input type="checkbox"/> Walk-in		
<input type="checkbox"/> Friend (Name: _____)	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Relative (Name: _____)			

Last Name		First Name		Middle Name	
Address (Number and Street)		Apt/Unit #	City		State
Telephone # (Home)	Telephone # (Cell)		E-Mail Address		

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

Can you, after employment, submit verification of your right to work in the U.S.?  Yes  No  
*Proof of citizenship or immigration status will be required upon an offer employment.*

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

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

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

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

Can you travel if a job requires it?  Yes  No

Are you available to work:  Full Time  Part Time  Shift Work  Temp  
*Check all that apply.*

On what date would you be available to work? Date: \_\_\_\_\_

## Employment Experience

Please provide your employment history in the space below (most recent employment first). If you need additional space, please continue on a separate sheet of paper.

You may exclude listing any memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

<b>Employer</b>		<b>Dates Employed</b> (MM/YYYY) From	<b>Work Performed</b>
<b>Address</b>			
<b>Telephone Number(s)</b>		To	
<b>Your Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>Employer</b>		<b>Dates Employed</b> (MM/YYYY) From	<b>Work Performed</b>
<b>Address</b>			
<b>Telephone Number(s)</b>		To	
<b>Your Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>Employer</b>		<b>Dates Employed</b> (MM/YYYY) From	<b>Work Performed</b>
<b>Address</b>			
<b>Telephone Number(s)</b>		To	
<b>Your Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

<b>Employer</b>		<b>Dates Employed</b> (MM/YYYY) From	<b>Work Performed</b>
<b>Address</b>			
<b>Telephone Number(s)</b>		To	
<b>Your Job Title</b>	<b>Supervisor</b>		
<b>Reason for Leaving</b>			

### **Special Skills and Qualifications:**

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

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## Education

Years Completed	High School				Undergraduate College/University				Graduate/Professional Trade School			
	9	10	11	12	1	2	3	4	1	2	3	4
School Name												
Location (City, State)												
Course of Study												
Diploma/Degree												

Describe any specialized training, apprenticeship(s), skills and extra-curricular activities:

Describe any honors you have received:

List professional, trade, business or civic activities and offices held:

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status*

List any foreign languages you can speak, read and/or write:

State any additional information you feel may be helpful to us in considering your application:

Have you ever had any job-related training in the United States military?

Yes

No

If yes, please describe: \_\_\_\_\_

Do you have any physical condition or handicap which may limit your ability to perform the job for which you have applied?

Yes

No

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

## References

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

Name	Address	Telephone #

# Applicant's Statement

**READ THIS STATEMENT BEFORE SIGNING BELOW**

I certify that the answers and responses given on this application are true and complete to the best of my knowledge. I have not knowingly withheld any information requested or not requested, which, if disclosed, might affect my application unfavorably. I understand that false or misleading statements on this application, or omissions, may result in me being discharged whenever they may be discovered.

I authorize investigation of all statements, answers and responses I have made on this application and will cooperate with you in obtaining information from previous employers about my qualifications for the job(s) for which I am applying. I agree to hold my former employers and other persons harmless on account of furnishing or verifying information related to this job application.

I also agree that you may give information about me to future employers who may inquire about my work record and experience with you. Such information would include a transcript of my personnel record, information as to my ability and job performance and the cause of my leaving your employment. I release you from any and all liability for damages related in any way to your furnishing such information.

I understand this application is not, and is not intended to be a contract of employment. This application is not an offer of employment and is not a complete list of the terms and conditions that affect employment with TVMWD. Persons selected for employment will be required to pass a physical examination, which may include drug screening. They will also be required to present documents establishing personal identity and the legal right to work in the United States. Employment is contingent upon the successful completion of this process.

If I am offered and accept a job with you, and unless we otherwise agree in writing, I understand that my employment status will be that of an "introductory" employee and may be terminated by either of us with or without cause for a period of twelve months, after which time I will have the opportunity to be classified as a "regular" employee of TVMWD. I further agree that, if employed by you, I will be required to abide by all your rules and regulations regarding employment, whether written or oral, as they may now exist or as you may change them at any time in the future. I also understand that only an authorized agent of the Board of Directors of Three Valleys Municipal Water District has the authority to make an agreement with me fixing the period of my employment for a specified period of time, and then only if such agreement is in writing and signed by the person(s) with such authority.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date