

EMPLOYMENT APPLICATION

Instructions: All applications for examination must be submitted typed or in ink on this Clearlake Oaks County Water District standard application form and returned to the Human Resources Dept. or postmarked no later than the final filing date. A separate application must be submitted for each recruitment. The application form must be completed in sufficient detail to allow comprehensive review and evaluation. Acceptability for any examination is based on the information in this application. An application completed in insufficient detail, without signature or in pencil will constitute failure of the initial step of the examination process and the application will be placed in our inactive files. The application and attachment, once submitted cannot be returned. It is your responsibility to notify the Personnel Department of any change of address. Clearlake Oaks County Water District is an Equal Opportunity-Affirmative Action Employer providing equal employment opportunity to all regardless of sex, race, color, religion, ancestry, national origin, age, marital status, medical condition (cancer related), or physical handicap.



Clearlake Oaks County Water District

An Equal Opportunity Employer

PO Box 709/12952 E. Highway 20, Clearlake Oaks, CA 95423

1. Title of position: _____ How did you hear of this position? _____
2. Name: _____
(Last) (First) (Middle)
3. Mailing Address: _____
(City & State) (Zip)
Physical Address: _____
(Number & Street) (City & State) (Zip)
4. Telephone Number: Home/Cell: _____ Business: _____
May we contact you at your business number? Yes No
5. If hired, can you submit verification of your legal right to work in the United States? Yes No
6. Do you have prior military service? Yes No Branch: _____ Dates _____
7. Are you now employed or have you ever been employed by Clearlake Oaks County Water District? Yes No
If yes, indicate department, title and dates of employment: _____
8. Do you have a valid California driver's license? Yes No Class _____ Number: _____
9. Indicate the type of position(s) you will accept:
Full-time permanent position (40 hours per week)
Part-time permanent position (less than 40 hours per week)
Extra-help position (hours per week will vary)

10. EDUCATION:

Did you graduate from high school? Yes No Name of High School: _____

If "NO", circle highest year you completed: **1 2 3 4 5 6 7 8 9 10 11 12** Major: _____

If "NO" did you receive a GED? Yes No

Name and Location of College or University: _____

Semester Units Completed: _____ Major _____ Minor _____

Degree or Certification Yes No Date: _____

Name and Locations of Business, Correspondence or Trade Schools: _____

Semester Units Completed: _____ Major _____ Minor _____

Degree or Certification Yes No Date: _____

Name and Locations of Business, Correspondence or Trade Schools: _____

Semester Units Completed: _____ Major _____ Minor _____

Degree or Certification Yes No Date: _____

Name and Locations of Business, Correspondence or Trade Schools: _____

Semester Units Completed: _____ Major _____ Minor _____

Degree or Certification Yes No Date: _____

If the minimum qualifications of the position for which you are applying include formal education (a high school diploma/GED), specific college course, a college degree, etc.) you must submit along with your completed application form evidence that you have such education i.e., a copy of your diploma or degree or other certification from your school. If the position for which you are applying requires a special license or certificate, you must submit with your completed application form evidence that you have such license(s) and/or certificate(s).

11. Do you speak any languages other than English? Yes No If yes, please list _____

12. If this position requires a specific license or certificate, please complete the following:

Certificate of Training License or
Water, Wastewater or Other: _____ Registration No.: _____ Expiration Date: _____

Certificate of Training License or
Water, Wastewater or Other: _____ Registration No.: _____ Expiration Date: _____

13. References: Give names, profession and telephone number, of three people whom we may contact, other than relatives, who have knowledge of your skills, experience and ability.

NAME	PROFESSION	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. EXPERIENCE: List the positions you have held including relevant volunteer experience for the past five years. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper.

If still employed, may we contact your present employer? Yes No

Employer's name and address: _____

Phone: _____

Job Title(s) and duties performed: _____

From: / Month Year	Salary: _____
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To: / Month Year	Number of Persons Supervised: _____	Type of business: _____
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Supervisor's Name: _____

Reason for Leaving: _____

Employer's name and address: _____

Phone: _____

Job Title(s) and duties performed: _____

From: / Month Year	Salary: _____
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To: / Month Year	Number of Persons Supervised: _____	Type of business: _____
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Supervisor's Name: _____

Reason for Leaving: _____

Employer's name and address: _____

Phone: _____

Job Title(s) and Duties Performed: _____

From: / Month Year	Salary: _____
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To: / Month Year	Number of Persons Supervised: _____	Type of business: _____
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Supervisor's Name: _____

Reason for Leaving: _____

ADDITIONAL COMMENTS (elaborate on why Clearlake Oaks County Water District should consider you as a candidate for employment:

Lined area for additional comments.

Please attach any additional information to your application which you feel will help us in our evaluation of your qualifications. Before you return your application to us, please check it to make sure that it is correct and complete.

Thank you for your interest in employment with Clearlake Oaks County Water District.

ADDITIONAL INFORMATION:
READ THIS STATEMENT BEFORE SIGNING: I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge. I understand that false statements or failure to meet legal minimum qualifications for this position will be sufficient cause to eliminate me from the examination or dismiss me from employment understand that if I am offered employment a pre-employment medical examination will be required. I will provide: Clearlake Oaks County Water District vital statistics information as may be required.

Signature: _____ Date: _____

All applicants meeting the minimum qualifications are not guaranteed advancement through any subsequent phase of the recruitment, or placement on the eligibility list.

Clearlake Oaks County Water District

Administrative Department

RELEASE AND WAIVER

Applicants Name (please print): _____ Date: _____

Important: Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise the information provided in the employment application and accompanying resume, if applicable, is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

Initials: _____

I authorize the investigation of all statements contained in this application and accompanying resume, if applicable, and any other person or entity with knowledge of me. I also authorize the District to contact my present employer (unless otherwise noted in the application), past employers, and listed references. I understand that if my position is one which warrants such an inquiry, the District may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the District, within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

Initials: _____

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form and accompanying resume, if applicable, and any other person or entity with knowledge of me to provide the District with any information and opinion which the District regards as useful to it in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements or furnishing any and all information which the District may seek.

Initials: _____

I understand and agree that for safety-sensitive positions with the District, I may be required to take a pre-employment drug and/or alcohol test as a condition of hire or continued employment. I agree to consent to take such test at such time as designated by the District, and I agree to release the District, its Directors, Officers, Agents, or employees from any claim arising in connection with the tests and the use of such tests.

Initials: _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to District Ordinances, Policies, Resolutions, and State or Federal laws. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Initials: _____

Signature: _____ Date: _____