



## EMPLOYMENT HISTORY

Provide the following information for your last four (4) employers, assignments or volunteer activities, starting with the most recent. If you need additional space, please continue on a separate sheet of paper.

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Summary of Work Performed and Job Responsibilities:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:	Employer:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Summary of Work Performed and Job Responsibilities:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:	Employer:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Summary of Work Performed and Job Responsibilities:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:	Employer:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Summary of Work Performed and Job Responsibilities:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:	Employer:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Summary of Work Performed and Job Responsibilities:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

## REFERENCES

Name	Agency/Company	Telephone	Years Known

## APPLICANT CERTIFICATION

- I hereby certify that I have not knowingly withheld any 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 on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.
- I understand that nothing contained in the application, or conveyed during any interview which may be granted, is intended to create an employment contract between me and SJWD
- 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 I 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.
- The application for employment is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still want to be considered for employment, it may be necessary to fill out a new application.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Checking this box constitutes a legal signature confirming that I acknowledge and agree with the statement 1.

## EQUAL EMPLOYMENT OPPORTUNITY DATA

Application Date: \_\_\_\_\_

To be completed by applicant:

Completion of this form is entirely voluntary. All information provided will remain confidential and will not affect your application for employment. This information will assist SJWD in evaluating its recruitment program and in accurately compiling statistical reports required by federal law for equal opportunity employment purposes. It will not become part of your personnel record if you are hired by SJWD.

Position Applying For: \_\_\_\_\_

Gender:  Male  Female

Please select the racial category or categories with which you most closely identify by checking the appropriate box. Check as many as apply.

RACIAL CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
<input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

Thank you.