



SAN JUAN WATER DISTRICT

9935 AUBURN-FOLSOM ROAD

GRANITE BAY, CA 95746

(916) 791-0115

WWW.SJWD.ORG

EMPLOYMENT APPLICATION

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 MENTAL OR PHYSICAL DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

POSITION APPLIED FOR	DATE OF APPLICATION
How did you learn about us?	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend: _____
<input type="checkbox"/> Relative: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website(s): _____

NAME	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
ADDRESS	<i>Number & Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
CONTACT INFORMATION	<i>Phone</i>	<i>Alternate Phone</i>	<i>E-Mail</i>

If you are under 18, and it is required, can you provide a work permit? Yes No If no, please explain: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been employed at the District before? Yes No If yes, give date(s): _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Date available for work: _____

Type of employment desired: Full Time Part Time Temporary Full Time Temporary Part Time

Are you able to meet the attendance requirements of the position? Yes No

Can you travel if a position requires it? Yes No

Are you related by blood or marriage to any person now working for San Juan Water District? Yes No

If yes, please state name(s) and relationship(s): _____

Based upon the position description, are you able to perform the essential duties of the position with or without reasonable accommodation(s)? Yes No

If no, please describe: _____

EDUCATION

Name and Location	Did You Graduate?	Years Completed	Degree	Major	Course of Study
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	N/A	N/A
College/University:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or handicap or other protected status.

Have you had any training in the U.S. military which is related to the position you are applying for? Yes No

If yes, please describe: _____

LICENSES, CERTIFICATIONS, SPECIAL SKILLS AND QUALIFICATIONS

Driver's License Number: _____ State: _____ Expiration Date: _____

If you hold other Licenses/Certifications, please indicate: (list additional on separate sheet of paper)

Name of License/Certification	Issuing Agency	Number	Date Issued	Date Expires	Status

For any revoked/suspended license/certification, state reason, date of revocation/suspension and reinstatement: _____

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

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.