



## EMPLOYMENT APPLICATION

### Calaveras County Water District

The mission of the Calaveras County Water District (CCWD) is "to protect, enhance and develop rich water resources to the highest beneficial use for Calaveras County, while maintaining cost-conscious, reliable service, and our quality of life, through responsible management." Formed in 1946, CCWD is a public governmental agency located on the western slope of the Sierra Nevada, in the heart of the California Motherlode.

The main office is located in the county seat of San Andreas, which is approximately 133 miles east of San Francisco and 65 miles southeast of Sacramento. The District's boundaries encompass approximately 640,000 acres of land ranging from the San Joaquin Valley to the Sierra Nevada Mountains. As a special district, CCWD's powers include provision of public water service; water supply development and planning; and wastewater treatment, disposal, and recycling. The District contracts out the operation of its hydroelectric power facilities for financial support and development of water supplies.

**Calaveras County Water District (CCWD) seeks the best qualified people available to serve its customers. Every properly submitted application will be given consideration for open positions.**

#### **WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:**

- Apply for one vacancy - one position - per application.
- Answer all *questions* and complete all sections of this application form.
- Give complete information on your education and work history.
- List separately each job held and your duties for each position when you worked for one employer and held more than one position.
- If additional sheets are added, incorporate the same information as requested on this application form for each prior employer.
- As you describe your work history, make sure you highlight your competencies (knowledge, skills, abilities and work behaviors) that demonstrate your qualifications for the position for which you are applying.
- Check for accuracy, sign and date your application.

***Applications may be submitted via e-mail***

*The District is an Equal Opportunity Employer and employs only US citizens or aliens who can provide proof of identity and work authorization within 3 working days of start of employment.*

# CALAVERAS COUNTY WATER DISTRICT

# Employment Application

APPLICANT INFORMATION											
Last Name			First			M.I.	Date				
Street Address						Apartment/Unit #					
City				State				ZIP			
Mailing Address <i>(If Different)</i>						City		State		ZIP	
Phone (include Area Code)			E-mail Address								
Date Available			Social Security No. (last four digits only)								
Please list your Former Name(s), if any											
QUESTIONARIE											
What Position are you applying for?											
How did you learn about this job?											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a valid CA Driver's License			YES <input type="checkbox"/>	NO <input type="checkbox"/>	License #			Expires			
Do you have a Commercial Driver's License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES <input type="checkbox"/> Class A <input type="checkbox"/> Class B Endorsements:						
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you related to any person presently employed by CCWD?					YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If YES list name, department and relationship here:											
Were you ever a member of the State or Public Employees Retirement System?						YES <input type="checkbox"/>	NO <input type="checkbox"/>				
If YES, list employer and dates:											
Are you willing to work weekends, holidays or overtime?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						
The policy of CCWD is to require a physical exam and drug screen. Would you object to a physical examination that includes a drug screen?						YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Would you object if we contacted your present and/or past employers?						YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you able to perform the essential duties of the position as listed in the job description with or without accommodation?						YES <input type="checkbox"/>	NO <input type="checkbox"/>				
EDUCATION/CERTIFICATIONS/LICENSES/MEMBERSHIPS											
High School				Location							
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>								
College				Location							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Location							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
List relevant occupational certificates, licenses, and memberships:											

**PREVIOUS EMPLOYMENT** – *Begin with your most recent experience, including military service and volunteer service. Account for all time for the past ten (10) years. If you need more space, attach a separate sheet.*

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving	

**REFERENCES** - *Please list three professional references, not related to you and whom you have known for at least one year.*

Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		

**DISCLAIMER AND SIGNATURE** – *Please read carefully before signing*

I authorize investigation of all statements contained in this application. I understand that any misstatement or omission of material facts called for in this application is cause for disqualification from further consideration for employment or dismissal from employment.

Signature	Date
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