



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		
Responsibilities:		
From	To	Reason for Leaving

Company		Phone
Address		Supervisor
Job Title		
Responsibilities:		
From	To	Reason for Leaving

Company		Phone
Address		Supervisor
Job Title		
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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