

Konocti County Water District

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Type or Print)

Position(s) Applied For:	Date of Application:	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
Address (Mailing)			
Street	City	State	Zip Code
Address (Physical)			
Street	City	State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date: _____

Have you ever been employed with us before?

Yes No

If Yes give date: _____

Are you currently employed?

Yes No

If Yes, may we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this

country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required upon employment.)

Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Have you been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain: _____

Yes No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present employer or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that if selected for employment a pre-employment physical exam and drug screen will be performed at the expense of the Konocti County Water District and the results of the pre-employment physical exam and drug screen must meet the employment requirements of the District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Konocti County Water District.

Signature of Applicant

Date

The Konocti County Water District is an equal opportunity employer.

For Personnel Department Use Only

Arrange Interview Yes No

Remarks: _____

Interviewer

Date

Employed: Yes No

Date of Employment: _____

Job Title: _____

Classification: _____

Hourly Rate/Salary: _____

Department: _____

By _____
Name and Title

Date

Notes: _____
