

SUNNYSLOPE COUNTY WATER DISTRICT
3570 Airline Highway
Hollister, CA 95023-9702
(831) 637-4670

RECEIVED:

EMPLOYMENT APPLICATION

TIME:

Sunnyslope County Water District is an Equal Opportunity Employer. This application must be completed in full for each position applied for, both temporary and regular. All statements are subject to verification. A resume will not substitute for the information requested. Applicants are considered without regard to race, color, religion, sex, national origin, sexual orientation, marital or veteran status, or the presence of a non job-related mental or physical disability. Also see important **NOTICE** on the last page.

**Type or Print in Ink*

** If Supplemental Questionnaire is required, please attach to Employment Application*

Position for which you are applying: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Driver 's License # _____ Class: _____ State: _____

- | | Yes | No | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Are you under the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ▪ If yes, can you provide required proof of eligibility to work? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| • Do you have legal right to work in the United States? <i>(If employed you will be required to provide appropriate proof.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| • Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If no, describe the functions that can be performed. <small>(We comply with the disability discrimination laws and consider reasonable accommodations measures that may be necessary for eligible applicants/employees to perform essential functions. Hiring may be subject to passing a medical examination and other job function tests):</small> _____

_____ | | | | |
| • Check work schedule you will accept: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Full-time | Part-time | Seasonal | Temporary |
| • Do you object to working the following? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Overtime | Weekend | Temporary | On-Call |
| • Were you ever discharged from employment or forced to resign from employment because of misconduct or unsatisfactory services? If yes, please explain: _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> | | |
| • Have you been employed by Sunnyslope County Water District before? Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | |
| • Have you ever filed an employment application with us before? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| • Do you have relatives currently employed by Sunnyslope County Water District? | <input type="checkbox"/> | <input type="checkbox"/> | | |

- Check the appropriate box if you possess any of the following:

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> G.E.D. Certificate
<input type="checkbox"/> California High School Proficiency Certificate	<input type="checkbox"/> Post Graduate _____ years
- Highest grade completed (circle one) Grade School: 5 6 7 8, High School: 9 10 11 12, College: 1 2 3 4

Last High School Attended	City & State

College or Universities	City/State	From	To	Units Completed	Major	Degree

Title and Number of any license, certificate or credential relevant to this position.
Attach copy of any required certification.

Title	Number	Issued by	Expiration Date

Office Skills: List typing WPM, Shorthand, Office Machines, Computers and other special skills pertinent to position desired.

Additional Information: You may include any comments that show further qualification for this position.

Indicate any foreign language you can speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

References: List three persons, other than relatives (include name, address, & phone number.)

1)

2)

3)

EXPERIENCE: List most recent experience first, including paid and voluntary experience that you feel qualifies you for this job. This section must be completed. If more space is needed, attach extra sheets. A resume may be attached for supplemental information only. **Do not indicate "Refer to Resume".** *If a Supplemental Questionnaire is required, it must accompany this application.*

Date of Employment From: _____ To: _____		Exact Title of Position	
Name of Firm/Organization		Employer Address	
Name /Title of Supervisor		Phone Number	
Hrs worked per week:	Number of Employees You Supervise:	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			
Duties: _____ _____			

Date of Employment From: _____ To: _____		Exact Title of Position	
Name of Firm/Organization		Employer Address	
Name /Title of Supervisor		Phone Number	
Hrs worked per week:	Number of Employees You Supervise:	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			
Duties: _____ _____			

Date of Employment From: _____ To: _____		Exact Title of Position	
Name of Firm/Organization		Employer Address	
Name /Title of Supervisor		Phone Number	
Hrs worked per week:	Number of Employees You Supervise:	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			
Duties: _____ _____			

Date of Employment From: _____ To: _____		Exact Title of Position	
Name of Firm/Organization		Employer Address	
Name /Title of Supervisor		Phone Number	
Hrs worked per week:	Number of Employees You Supervise:	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:			
Duties: _____ _____			

_____ Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct. I further certify that I 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 for discovery.
_____ Initials	I hereby authorize the Sunnyslope County Water District to thoroughly investigate all statements made by me in this application, my references, work records, educational institutions, and other matters related to my suitability for employment and, further, authorize the references and employers I have listed to disclose to the Sunnyslope County Water District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Sunnyslope County Water District, my past and current employers, and all other persons, corporations, partnerships, institutions, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosure.
_____ Initials	I understand that nothing contained in this application or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Sunnyslope County Water District. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period, but is at will, and may be terminated at any time, with or without prior notice, at the option of either myself or the Sunnyslope County Water District, and that no promises or representation contrary to the foregoing are binding on the Sunnyslope County Water District unless made in writing and signed by me and Sunnyslope County Water District's designated representative.
_____ Initials	If hired, I agree to conform to the Employee Handbook (Personnel Policies & Procedures Manual) of the Sunnyslope County Water District.
_____ Date	_____ Applicant's Signature

We ask that you complete the following information, to assist us in identifying effective recruitment sources. How did you learn of this recruitment?

- Newspaper or Publication _____
- Community Organization _____
- District Employee
- Friend or Relative
- Other _____

NOTICE: *The District has a policy of requiring a physician's physical fitness exam, together with urine drug testing of persons who have been offered employment. Individuals who are determined by the physician not to be physically fit for duty, or who test positive for controlled substances, will not be employed. If you have reason to believe that you will not pass a physician's physical examination, or will test positive for the presence of controlled substances, or if you are unwilling to consent to such an examination or test if offered employment, it is recommended that you not submit an application.*