



EMPLOYMENT APPLICATION

Position applying for:

Date of application:

Salary Requested:

PERSONAL INFORMATION

Name:

Address:

City, State and Zip:

Home Telephone:

Cell phone:

e-mail address:

Available to work: Full-time Part-time Date available to start work?

Have you ever filed an application with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on lay-off status and subject to recall? Yes No

Can you travel if position requires it? Yes No

The position for which you are applying requires driving. Do you have a valid California driver's license and a reliable means of transportation? Yes No

Comments:

If hired, can you present evidence of your legal right to live and work in the U.S.?

Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Comments:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. All hires are subject to passing a medical examination and skill and agility tests.)

Are you a CalPERS member Yes No



EMPLOYMENT APPLICATION

EDUCATION

High School:

Undergraduate School:

Course of Study:

Degree: Yes No

Current school enrollment status:

Graduate School:

Course of Study:

Degree: Yes No

Current school enrollment status:

1. Describe any honors you have received:

2. Describe any specialized training, apprenticeship, skills and/or extracurricular activities:

3. Provide any additional information you feel may be helpful to us in considering your application:

4. Summarize special job-related skills and/or qualifications acquired from other experience:

5. List any job related organization, club, professional society or association membership which you feel would especially qualify you for the job you are applying for (Exclude those which may indicate your race, religion, creed, color, national origin, ancestry, sex, gender Identity, gender expression, veteran status or age.)



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WORK EXPERIENCE (If additional space is needed, please include an attachment)

Employer:

Dates of Employment:

Address:

Phone number:

Supervisor Name:

Your Job Title:

Reason for Leaving:

May we contact this employer? Yes No

Specific responsibilities:

Employer:

Dates of Employment:

Address:

Phone number:

Supervisor Name:

Your Job Title:

Reason for Leaving:

May we contact this employer? Yes No

Specific responsibilities:



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Dates of Employment:

Phone number:

PROFESSIONAL REFERENCES:

Name / Occupation / Relationship / Phone / yrs known

Please read carefully, initial each paragraph and sign below:

Initials: _____ 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.



EMPLOYMENT APPLICATION

Initials: _____ Disaster Service Worker: In accordance with Government Code Section 3100, Municipal Water District of Orange County employees, in the event of a disaster, are considered disaster service workers and may be asked to respond accordingly.

Initials: _____ I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract between applicant and MWDOC. Additionally, The Municipal Water District of Orange County is an At-will employer. Nothing on this application is intended to create or imply a contractual relationship. If hired, employee understands that employment with the District is At-will, without specified term, and may be terminated with or without cause at the will of either the District or the employee at any time.

Applicant *Signature* (required)

Date

How did you learn about the position?

Advertisement; please specify: _____

Referral: _____

Other: _____

PLEASE SUBMIT COMPLETED AND SIGNED APPLICATION TO JOBS@MWDOC.COM