



# Employment Application

1. NAME \_\_\_\_\_  
LAST FIRST MIDDLE

2. ADDRESS \_\_\_\_\_  
NUMBER STREET APT. NO.  
 \_\_\_\_\_  
CITY STATE ZIP

3. PHONE/EMAIL \_\_\_\_\_  
HOME WORK CELL EMAIL

4. SSN: \_\_\_\_\_

5. Are you legally authorized to work in the United States?  
 YES  NO

## EDUCATION & TRAINING

6. Do you have a high school diploma, GED, or California High School Proficiency Certificate? YES  NO

7. NAMES OF COLLEGES / UNIVERSITIES ATTENDED		COURSE OF STUDY/MAJOR	DEGREE AWARDED		UNITS COMPLETED		TYPE OF DEGREE	
			YES	NO	Semester	Quarter		
8. OTHER RELEVANT COURSES AND TRAINING	NAME & LOCATION OF INSTITUTION					LENGTH OF COURSE		
9. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED		SERIAL NO.	DATE ISSUED		EXPIRATION DATE.			
10. Driver's License Number & State -	Class	12. Skills, if required for this position:			Typing Speed	10-key experience?		
					WPM	YES <input type="checkbox"/> NO <input type="checkbox"/>		
11. List any Foreign Language In which you are fluent:		13. OTHER SKILLS :						

**14. EMPLOYMENT HISTORY:** List your work record for the last 10 years. Begin with your most recent experience. Include Self-employment and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

TO: MO / YR      MO / YR	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF PRESENT POSITION	NO. EMPLOYEES SUPERVISED BY YOU:
HOURS PER WK.	ADDRESS                      CITY      STATE	NAME OR SUPERVISOR	SUPERVISOR'S PHONE NO.
	DUTIES:		
REASON FOR LEAVING:			
TO: MO / YR      MO / YR	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF PRESENT POSITION	NO. EMPLOYEES SUPERVISED BY YOU:
HOURS PER WK.	ADDRESS                      CITY      STATE	NAME OR SUPERVISOR	SUPERVISOR'S PHONE NO.
	DUTIES:		
REASON FOR LEAVING:			
TO: MO / YR      MO / YR	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF PRESENT POSITION	NO. EMPLOYEES SUPERVISED BY YOU:
HOURS PER WK.	ADDRESS                      CITY      STATE	NAME OR SUPERVISOR	SUPERVISOR'S PHONE NO.
	DUTIES:		
REASON FOR LEAVING:			

15. Were you ever discharged or forced to resign from any position?      YES       NO       If Yes, please explain:

16. Inquiry may be made of your former employers or the last school you attended      YES       NO   
Regarding your performance record. May we contact your present employer?

Persons employed must pass a complete medical examination, execute a loyalty oath as required by law, and be fingerprinted.

It is the policy of the Sweetwater Springs Water District to hire only U.S. citizens and aliens authorized to work in the United States. Documentation of eligibility to work in the U.S. will be required as a condition of employment.

17. CERTIFICATE OF APPLICANT:

I certify that all statements made in this application are true, and I agree and understand that misstatements or omissions of material facts may forfeit my rights to any employment in the service of the Sweetwater Springs Water District.

**X** \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE