

# Application For Employment

## LA HABRA HEIGHTS COUNTY WATER DISTRICT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip
Telephone Number(s)	Day	Evening
Email Address		

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

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you currently available to work:  Full Time  Part Time  Temporary

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

Can you travel if a job requires it?  Yes  No

Do you have the Physical and mental ability to perform the tasks on the job description, with or without accommodation?  Yes  No

If accommodation is necessary, please describe:

**- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -**

# Education

## LA HABRA HEIGHTS COUNTY WATER DISTRICT

	High School				Undergraduate College/University*			
School Name, Location and Phone Number								
Did you receive a high school diploma or G.E.D. equivalent?	Yes or No (circle one)							
Years Completed ('X' highest level completed)	9	10	11	12	1	2	3	4
Describe Course of Study								
Describe any specialized training, apprenticeship, skills and extra curricular activities								
Describe any honors you have received								
State any additional information you feel may be helpful to us in considering your application								

\*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

List professional, trade, business or civic activities and offices held. Summarize special job-related skills and qualifications acquired from employment or other experience. Specify any languages, other than English, that you can speak, read and/or write these languages.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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## References

Give name, address and telephone number of three business references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

# Employment Experience

## LA HABRA HEIGHTS COUNTY WATER DISTRICT

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

<b>1.</b>	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Job Title	Supervisor	Telephone Number(s)		
	Reason for Leaving				
<b>2.</b>	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Job Title	Supervisor	Telephone Number(s)		
	Reason for Leaving				
<b>3.</b>	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Job Title	Supervisor	Telephone Number(s)		
	Reason for Leaving				
<b>4.</b>	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Job Title	Supervisor	Telephone Number(s)		
	Reason for Leaving				

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

# Applicant's Statement

LA HABRA HEIGHTS COUNTY WATER DISTRICT

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 authorize present and former employers, and individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I understand and acknowledge that the policy of the LA HABRA HEIGHTS COUNTY WATER DISTRICT is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer is contingent on passing a pre-employment alcohol and drug screen, a pre-employment physical, and background check and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 policies and procedures of the LA HABRA HEIGHTS COUNTY WATER DISTRICT.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the LA HABRA HEIGHTS COUNTY WATER DISTRICT, I understand I am entitled to copies of any such records obtained. If I am not hired as a result of such information, I am entitled to a copy of any such records.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES** (internal use only): \_\_\_\_\_

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