



## APPLICATION FOR EMPLOYMENT

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 CLEARLY)**

Position Applied For: _____	Date of Application: _____
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How did you learn about us?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Web Site(s): _____	

Name:	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Address:	<i>Number</i>	<i>Street</i>	<i>City State Zip</i>
Telephone Number(s):	<i>Day</i>	<i>Evening</i>	<i>Messages</i>

Have you ever filed an application with us before? <span style="float: right;">If yes, give date</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? <span style="float: right;">If yes, give dates</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <small><i>Proof of citizenship or immigration status will be required upon employment.</i></small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
On what date would you be available for work?	Date: _____
Are you currently available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives working for the Sacramento Suburban Water District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state name(s) and relationship: _____	

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## Education

School Name, Location and Phone Number	High School				Undergraduate College/University*				Graduate/ Professional*			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma or Degree Received												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you have received												

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

Do you speak, write or understand any foreign language(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, which language(s): _____	
List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.</i>	
_____	
_____	
Have you ever had any training in the United States military which is related to the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe: _____	
Have you ever been convicted of a crime? <i>"Crime" is defined as an illegal act or activity; conviction will not necessarily disqualify an applicant from employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state nature of the crime(s), when and where convicted, and disposition of the case: _____	
_____	

## Licenses and Certifications

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you hold other Licenses/Certifications, please indicate: (list additional on separate sheet of paper)

Name of License/Certification: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_ Current Status: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

If you have ever had a license/certification revoked or suspended, please state the reason(s), date of revocation or suspension and date of reinstatement: \_\_\_\_\_

\_\_\_\_\_

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## Employment Experience

Start with your present or last job. Please **do not** refer to "See Attached Resume" in place of providing the requested information. 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			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
<b>2.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
<b>3.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
<b>4.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

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

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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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.			

Are you able to perform the essential duties of the position for which you are applying with or without reasonable accommodation(s)?

Yes  No

If reasonable accommodation(s) is/are necessary, please describe: \_\_\_\_\_

### Applicant's Statement

**Please read carefully, initial each paragraph, and sign below:**

\_\_\_\_\_ 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 offered employment, the offer will be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical, and I 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. I also understand that I will be required to possess a current and valid California driver's license and 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.

\_\_\_\_\_ I understand and hereby acknowledge that any employment relationship with Sacramento Suburban Water District (SSWD) is of an "at will" nature, which means that the employee may resign at any time and the SSWD may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by the General Manager of the SSWD.

\_\_\_\_\_ 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 SSWD.

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

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## Equal Employment Opportunity Data

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Application Date \_\_\_\_\_

To be completed by applicant:

Completion of this form is entirely voluntary. All information provided will remain confidential and will not affect your application for employment. This information will assist SSWD in evaluating its recruitment program and in accurately compiling statistical reports required by federal law for equal opportunity employment purposes. It will not become part of your personnel record if you are hired by SSWD.

Print Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Sex:  Male  Female

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Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/> Native American, American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Two or More Races	All persons who identify with more than one of the above five races.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

Thank you.

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