

**APPLICATION FOR EMPLOYMENT
CASITAS MUNICIPAL WATER DISTRICT**



NAME _____

POSITION APPLIED FOR _____

DATE _____

Please answer all questions correctly and accurately. All statements in your application are subject to verification. An incorrect statement may bar or remove you from employment. Applications may be filed at Casitas Municipal Water District, or may be mailed to the Human Resources Manager at:

**CASITAS MUNICIPAL WATER DISTRICT
1055 VENTURA AVENUE
OAK VIEW, CA 93022**

PERSONAL INFORMATION

Last Name	First	Initial	Position Applied for		
Mailing Address			City	State	Zip
Home Telephone		Mobile or Work Telephone		Email	

The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Are you at least 18 years of age? _____ Yes _____ No

If selected, can you provide proof of your legal eligibility to work in the United States?
_____ Yes _____ No

Do you know anyone in our employ? _____ Yes _____ No

Name: _____ Dept: _____

Name: _____ Dept: _____

Are you related to anyone in our employ? _____ Yes _____ No

Name: _____ Dept: _____

Name: _____ Dept: _____

Have you ever been discharged or forced to resign from a position? _____ Yes _____ No

If yes, please explain:

Will you accept temporary work? _____ Yes _____ No

Drivers License # _____ Class: ___ A ___ B ___ C ___ D State: _____

In case of emergency,
notify:

Name	Telephone #	Alternate #	
Address	City	State	Zip

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Name and Location of School		Did you graduate? ____ Yes ____ No Did you earn a GED? ____ Yes ____ No		
Name and Location of Colleges, Universities, Trade or Vocational Schools, or Training Programs Attended:	Major	Did you Graduate?		Units Completed	Degree or Certificate
		Yes	No		

List any licenses or professional certificates you hold which apply to this position:

Operation of Office Machines:

Employer's Name: _____ Start Date: _____ End Date: _____

Street Address _____ City _____ State and Zip Code _____

Supervisor's Name _____ Phone Number _____

Position and Brief Description of Job Duties Performed: _____ Reason for Leaving: _____

Employer's Name: _____ Start Date: _____ End Date: _____

Street Address _____ City _____ State and Zip Code _____

Supervisor's Name _____ Phone Number _____

Position and Brief Description of Job Duties Performed: _____ Reason for Leaving: _____

REFERENCES

Please provide name and address of two people, not relatives, who have knowledge of your skills, experience, and abilities.

NAME	ADDRESS	CITY/STATE	ZIP
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PHONE	ORGANIZATION	TITLE
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NAME	ADDRESS	CITY/STATE	ZIP
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PHONE	ORGANIZATION	TITLE
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ADDITIONAL INFORMATION

Please provide any additional information covering your qualification(s) for this position.

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize Casitas Municipal Water District to verify any or all information listed above.

Signature of Applicant

Date

To assist us in recruitment efforts please complete this form and submit it with your application. The form will be detached from your application and will not be forwarded to the appointing department.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY

DATE _____

POSITION APPLIED FOR _____

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check One)

CASITAS MUNICIPAL WATER DISTRICT'S WEBSITE

A FRIEND OR RELATIVE

AN ORGANIZATION OR GROUP (Please Specify)

THE HUMAN RESOURCES OFFICE

CONTACT WITH A DISTRICT OFFICE OTHER THAN HUMAN RESOURCES

AN ADVERTISEMENT ON ANOTHER WEBSITE

Which Website? _____

SOCIAL MEDIA

Twitter Facebook Instagram Other