APPLICATION FOR EMPLOYMENT

LAST FIRST MIDDLE

PERSONAL INFORMATION

Date _____ Social Security Number Number _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE NUMBER ( )

IF RELATED TO ANYONE IN OUR EMPLOY STATE NAME AND DEPARTMENT

REFERRED BY

EMPLOYMENT DESIRED

POSITION | DATE YOU CAN START | CAN YOU TRAVEL IF A JOB REQUIRES IT? | SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATED?		MAJOR SUBJECTS	AVERAGE GRADES
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

PLEASE LIST JOB RELATED ACTIVITIES: CIVIC, ATHLETIC, ETC.

(YOU MAY EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, SEXUAL ORIENTATION, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS)

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH PRESENT OR MOST RECENT - EXPLAIN ANY GAPS ON ACCOMPANYING PAGE)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS PHONE NUMBER

I authorize investigation of all statements contained in this Application and do hereby discharge the person to whom any request for information is presented from any and all manner of actions, claims and demands whatsoever, known or unknown, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or its agents or employees arising out of or by reason of complying with any request by Pine Cove Water District for information in connection with my Application for Employment with Pine Cove Water District. I understand that misrepresentation or omission of facts called for may result in my not being hired or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

Pine Cove Water District

951 659-2675 • fx 951 659-3112
24917 Marion Ridge Road
P.O. Box 2296 • Idyllwild, CA 92549
www.pcwd.org

SUPPLEMENTAL APPLICATION QUESTIONNAIRE

Pursuant to California Labor Code Section 432.9, public employers are prohibited from asking an applicant to disclose information regarding a criminal conviction until the agency has determined the applicant meets the minimum employment qualifications for the position.

Your application meets the minimum employment qualifications. Please fill out this form and return it to the General Manager.

Applicant's Name: _____

Position Applying: _____

1. Have you ever been convicted of a crime? (Exclude convictions for marijuana-related offenses more than two years old (as set forth in Labor Code §4328); convictions that have been sealed, expunged, judicially dismissed or legally eradicated, and any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program; and misdemeanor convictions for which probation was completed and the case was dismissed.) YES___ NO___. If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. (Note: A conviction record is not an automatic disqualification for employment):

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Applicant's Signature: _____ **Date:** _____