

**AN EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL DATA**

*Please print legibly.*

Date \_\_\_\_\_

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Full-time  Part-time

Rate of pay expected: \$ \_\_\_\_\_ (circle one) Hour Week Month Year

Can you work any shift? Yes  No  Extra Hours? Yes  No  Weekend? Yes  No

When will you be available for work? \_\_\_\_\_

How much notice are you required to give your present employer? \_\_\_\_\_

Are you able to perform the duties of the job for which you are applying, either with or without reasonable accommodation? Yes  No

(We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to satisfactory completion of a pre-placement physical and drug test and skills testing.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes  No

Have you ever been employed by this company before? Yes  No  If yes, indicate dates of employment and position held.

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Indicate name(s) under which you worked for this company, if different from current name: \_\_\_\_\_

If you are under 18 years of age, state current age: \_\_\_\_\_

**EDUCATIONAL RECORD**

SCHOOL NAME AND ADDRESS		CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE (CERTIFICATE)
HIGH SCHOOL		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COLLEGE OR UNIVERSITY		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER (SPECIFY)		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Technical schools attended: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Begin with the most recent employer and list all employment during the last ten (10) years or last five (5) jobs, including military service.

Dates of Employment				Name and Address of Employer	Job Title - Briefly Describe Duties	Reason For Leaving
From		To				
Mo.	Yr.	Mo.	Yr.			
				Name		<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		
				Phone		
				Supervisor		
				Name		<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		
				Phone		
				Supervisor		
				Name		<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		
				Phone		
				Supervisor		
				Name		<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		
				Phone		
				Supervisor		
				Name		<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		
				Phone		
				Supervisor		

May we contact your present employer? Yes  No

Explain substantial periods of unemployment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION**

(If job applied for requires driving, please complete and attach a copy of your Department of Motor Vehicles driving record)

California Driver's License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Have you ever been bonded? Yes  No  Have you ever been denied a bond? Yes  No

If denied a bond, explain circumstances fully: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any friends or relatives currently employed by us? Yes  No

If yes, give name(s) and relationship: \_\_\_\_\_  
 \_\_\_\_\_

List any additional information you would like us to consider: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

(List three references who have knowledge of your work performance. Do not include relatives.)

Name and Occupation	Address	Phone Number

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

ORGANIZATIONS	OFFICES HELD

List special accomplishments, licenses, certifications, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

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**EXPERIENCE SUMMARY**

Check  the types of work you have done and the equipment you know how to operate.

**THIS SECTION FOR CLERICAL APPLICANTS**

- |   |                                    |   |                                      |   |   |
|---|------------------------------------|---|--------------------------------------|---|---|
| <input type="checkbox"/> Accounting               | <input type="checkbox"/> Cashier   | <input type="checkbox"/> Receptionist/Switchboard | <input type="checkbox"/> Data Entry* | <input type="checkbox"/> H.R./Personnel     | <input type="checkbox"/> Photocopier        |
| <input type="checkbox"/> Bookkeeping              | <input type="checkbox"/> Payroll*  | <input type="checkbox"/> Typing                   | <input type="checkbox"/> AutoCad*    | <input type="checkbox"/> Insurance Forms    | <input type="checkbox"/> Fax Machine        |
| <input type="checkbox"/> Accts. Pay./Rec.*        | <input type="checkbox"/> Inventory | <input type="checkbox"/> Word Processing*         | <input type="checkbox"/> Drafting    | <input type="checkbox"/> Legal Documents    | <input type="checkbox"/> Blueprint Machine  |
| <input type="checkbox"/> Calculator               | <input type="checkbox"/> Filing    | <input type="checkbox"/> Personal Computer*       | <input type="checkbox"/> Surveying   | <input type="checkbox"/> Remittance Machine | <input type="checkbox"/> Mailroom Equipment |
| <input type="checkbox"/> Mid-range Computer Oper. |                                    |   |                                      |   |   |

\*List programs used \_\_\_\_\_  
 Other \_\_\_\_\_

**THIS SECTION FOR MAINTENANCE AND OPERATIONS APPLICANTS**

- |   |   |                                     |                                     |   |   |
|---|---|-------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Auto Mechanic      | <input type="checkbox"/> Pump Operation | <input type="checkbox"/> Carpentry  | <input type="checkbox"/> Jackhammer | <input type="checkbox"/> Pipe Thread Mach.    | <input type="checkbox"/> Water Distribution Operator<br>Cert. – Level _____ |
| <input type="checkbox"/> Heavy Construction | <input type="checkbox"/> Machine Repair | <input type="checkbox"/> Electrical | <input type="checkbox"/> Backhoe    | <input type="checkbox"/> Compressor           | <input type="checkbox"/> Water Treatment Operator<br>Cert. – Level _____    |
| <input type="checkbox"/> Welding            | <input type="checkbox"/> Valve Repair   | <input type="checkbox"/> Painting   | <input type="checkbox"/> Forklift   | <input type="checkbox"/> ClaValve             | <input type="checkbox"/> Backflow Device Tester Cert.                       |
| <input type="checkbox"/> Pipe Fitting       | <input type="checkbox"/> Inspection     | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> SCADA      | <input type="checkbox"/> Meter Reading Equip. |   |

Other \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW**

The information set forth in this application is true, complete, and accurate. I understand that if employed, and during such period of employment, any false statement, misrepresentation of fact, or omission herein becomes known, the company may terminate my employment. I hereby authorize the company to investigate my personal history and to obtain from my previous employers any information they have concerning me. I am hereby informed that, as part of the application procedure, an investigation may be made whereby information is obtained from previous employers, personal references, friends or others with whom I am acquainted or have been employed. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and work habits. I hereby release such disclosing parties, the company, its officers, directors and employees from any and all liability which might otherwise arise out of such investigation or disclosures. I am fully aware and understand that, if I am offered a position, my employment with the company will be subject to meeting the company's standards with respect to a medical examination and a drug and alcohol test. If employed, I understand that such employment is "at will", for no specific duration, and may be terminated by either the company or me at any time with or without cause.

Applicant's Signature \_\_\_\_\_