



San Benito County Water District

30 Mansfield Road • P.O. Box 899 • Hollister, CA 95024-0899
 Phone: (831) 637-8218 • Fax: (831) 637-7267

Application for Employment

Please print your completed form, or print a blank form and handwrite for submission

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military and veteran status, or any other legally-protected status. We consider applicants for all positions without regard to protected status.

(PLEASE PRINT)

| | | |
|---------------------|------------|-------------|
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| | | City |
| | | State |
| | | Zip |
| Telephone Number(s) | Day | Evening |
| | | Messages |
| Email Address | | |

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

| | | |
|---|--|----------------------|
| How did you hear about this employment opportunity? | | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-in | Advertisement: _____ |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Employment Agency | Employee: _____ |
| <input type="checkbox"/> Website: _____ | | School: _____ |

If you are under 18 years of age, can you provide required proof of eligibility to work? ___Yes ___No

Have you ever filed an application with us before? If yes, give date: _____ ___Yes ___No

Have you ever been employed with us before? ___Yes ___No

Are you currently employed? ___Yes ___No

Are you legally eligible for employment in this country? ___Yes ___No

On what date would you be available for work? _____

Are you currently available to work: ___Full Time ___Part Time ___Temporary

What is your desired salary for this position \$ _____ per

Are you currently on "lay-off" status and subject to recall? ___Yes ___No

Will you work overtime if required? ___Yes ___No

Can you travel if a job requires it? ___Yes ___No

Driver's license number: _____ State: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Please see job description at www.sbcwd.com for a list of essential functions. ___Yes ___No

Employment Experience

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.

1.

| | | | | |
|--|------------|----------------|----|---|
| Employer | | Dates Employed | | May we contact your supervisor for reference? Yes No Later in the application process Supervisor Email: _____ Supervisor Phone No: _____ |
| | | From | To | |
| Telephone Number(s) | | | | |
| Address | | | | |
| Job Title (starting & ending title) | Supervisor | | | |
| What did you like most about your position? | | | | |
| What did you like least about your position? | | | | |
| Reason for Leaving | | | | |

2.

| | | | | |
|--|------------|----------------|----|---|
| Employer | | Dates Employed | | May we contact your supervisor for reference? Yes No Later in the application process Supervisor Email: _____ Supervisor Phone No: _____ |
| | | From | To | |
| Telephone Number(s) | | | | |
| Address | | | | |
| Job Title (starting & ending title) | Supervisor | | | |
| What did you like most about your position? | | | | |
| What did you like least about your position? | | | | |
| Reason for Leaving | | | | |

Employment Experience (continued)

3.

| | | | | |
|--|------------|----------------|----|---|
| Employer | | Dates Employed | | May we contact your supervisor for reference? Yes No Later in the application process Supervisor Email: _____ Supervisor Phone No: _____ |
| | | From | To | |
| Telephone Number(s) | | | | |
| Address | | | | |
| Job Title (starting & ending title) | Supervisor | | | |
| What did you like most about your position? | | | | |
| What did you like least about your position? | | | | |
| Reason for Leaving | | | | |

4.

| | | | | |
|--|------------|----------------|----|---|
| Employer | | Dates Employed | | May we contact your supervisor for reference? Yes No Later in the application process Supervisor Email: _____ Supervisor Phone No: _____ |
| | | From | To | |
| Telephone Number(s) | | | | |
| Address | | | | |
| Job Title (starting & ending title) | Supervisor | | | |
| What did you like most about your position? | | | | |
| What did you like least about your position? | | | | |
| Reason for Leaving | | | | |

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

Explain any gaps in your employment:

Have you ever been fired or asked to resign from a job? ___ Yes ___ No If yes, please explain: _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience (i.e. computer skills, writing skills, special accomplishments):

___ Word Processing: _____ Years: _____ ___ Spreadsheet: _____ Years: _____

___ Presentation: _____ Years: _____ ___ Email: _____ Years: _____

In your current or previous job, have you ever written instructions or directions to be followed by employees or customers?

___ Yes ___ No ___ Not Applicable If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

References

Give contact information of three business references who are not related to you.

| Name | Title | Relationship to you | Telephone | E-mail | # of Years Known |
|------|-------|---------------------|-----------|--------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Applicant's Statement

I certify that answers given herein are true, complete and correct 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 and acknowledge that the policy of the San Benito 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 may be contingent on passing a pre-employment alcohol and drug screen, a pre-employment physical and Department of Justice background check. 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.

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 60 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 rules and regulations of the San Benito 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 San Benito County Water District, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: _____ Date: _____