

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: _____

Have you ever been convicted, pled guilty, no contest or forfeited bond or bail for any crime other than traffic violations? (Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old, infractions, records relating to diversion programs, convictions that have been judicially dismissed or ordered sealed pursuant to law, or any conviction, adjudications or other court orders or actions by a juvenile court. Yes No

If yes, please explain: _____

(Conviction of a crime is not an automatic bar to employment. The nature and gravity of the crime, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.)

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	Briefly Describe Duties	Final Salary or Wage Rate	Reason For Leaving
From		To					
Mo.	Yr.	Mo.	Yr.				
				Name		\$ _____	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
				Name		\$ _____	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
				Name		\$ _____	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
				Name		\$ _____	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
				Name		\$ _____	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	

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.)

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
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
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 _____