

COTTONWOOD WATER DISTRICT EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

Position applying for:

The Cottonwood Water District does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other legally protected status. It is our intention that all qualified applicants have equal opportunity and that selection decisions be based on job related factor. All correspondence regarding the steps in this recruitment process will be conducted via email unless the District is notified otherwise.

NAME (last, first, middle initial)	PHONE
MAILING ADDRESS	ALTERNATE PHONE
STREET ADDRESS (if different)	EMAIL

Employment you are seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Extra Help	Are you now, or have you ever been employed by Cottonwood Water District? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, state position/dates:</i>
Work shifts you are willing to work: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating Shifts	
If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: Number: Expiration:
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or disciplinary reasons?
 Yes No *If yes, please explain below:*

Do not answer the following question unless you have read the requirements of the job for which you are applying.
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions required for the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been provided. Answering 'No' does not necessarily preclude you from the hiring process if reasonable accommodations can be made per applicable State and Federal laws. Yes No

EDUCATION & SKILLS

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you possess a GED or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> AA Degree Date/type:	<input type="checkbox"/> BA/BS Degree Date/type:
List other languages in which you are fluent. <i>If you are applying for a bilingual position, you will be required to pass a proficiency test.</i>	Machines or equipment you can operate that are related to the job for which you are applying:
Language: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	

UNIVERSITY, COLLEGE, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL – NAME & LOCATION	COURSE/S OF STUDY	UNITS COMPLETED	SEM OR QTR UNITS	DIPLOMA, DEGREE, OR CERTIFICATE OBTAINED	DATE COMPLETED (MO/YR)
			<input type="checkbox"/> S <input type="checkbox"/> Q		
			<input type="checkbox"/> S <input type="checkbox"/> Q		
			<input type="checkbox"/> S <input type="checkbox"/> Q		

CERTIFICATES OF TRAINING, LICENSES, OR PROFESSIONAL REGISTRATION <i>(If you are an attorney, please indicate the date you were admitted to the Bar under the ISSUE DATE column.)</i>	ISSUE DATE	EXPIRE DATE	SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS OF THIS POSITION

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES <i>(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status that are relevant to the position for which you are applying):</i>	OFFICES HELD:

ADDITIONAL SKILLS OR TRAINING YOU HAVE OBTAINED THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING:

MILITARY SERVICE

Have you ever or are you currently serving in active duty in the military? Yes No

If yes, please complete information below (optional). Active duty members or veterans of the armed forces, disabled veterans, widows, spouses of disabled veterans, and mothers of deceased or disabled veterans may attach a copy of DD214 for Veteran's Preference (Tehama County Personnel Rule §2107.

BRANCH OF MILITARY	CLASSIFICATION	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	FROM (MM/DD/YY)	TO (MM/DD/YY)

DUTIES/SKILLS ACQUIRED

EMPLOYMENT HISTORY

Form must be completed even when a resume is submitted. Reference to the resume is not acceptable. Begin with your present or most recent job.

JOB TITLE/CLASSIFICATION <i>(include Range or Level, if applicable)</i>	FROM (MM/DD/YY)	TO (MM/DD/YY)
NAME OF EMPLOYER & TYPE OF BUSINESS	PHONE	SUPERVISOR
ADDRESS	SUPERVISOR EMAIL <i>(if known)</i>	

DUTIES/WORK PERFORMED		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	# PEOPLE SUPERVISED:	REASON FOR LEAVING:
May we contact this employer upon a conditional offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

JOB TITLE/CLASSIFICATION <i>(include Range or Level, if applicable)</i>		FROM (MM/DD/YY)	TO (MM/DD/YY)
NAME OF EMPLOYER & TYPE OF BUSINESS		PHONE	SUPERVISOR
ADDRESS		SUPERVISOR EMAIL <i>(if known)</i>	
DUTIES/WORK PERFORMED			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	# PEOPLE SUPERVISED:	REASON FOR LEAVING:	
May we contact this employer upon a conditional offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

JOB TITLE/CLASSIFICATION <i>(include Range or Level, if applicable)</i>		FROM (MM/DD/YY)	TO (MM/DD/YY)
NAME OF EMPLOYER & TYPE OF BUSINESS		PHONE	SUPERVISOR
ADDRESS		SUPERVISOR EMAIL <i>(if known)</i>	
DUTIES/WORK PERFORMED			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	# PEOPLE SUPERVISED:	REASON FOR LEAVING:	
May we contact this employer upon a conditional offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

NAME:	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference
TITLE:	EMAIL:
ORGANIZATION:	PHONE:

NAME:	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference
TITLE:	EMAIL:
ORGANIZATION:	PHONE:

CONSENT

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I certify that I meet the minimum qualifications for this position as set forth in the job flyer.

I understand that if I am the chosen candidate, upon accepting a Conditional Offer of Employment, I will be required to complete and submit a Criminal Record Supplemental Questionnaire, and I will be subject to a criminal conviction record background check. I understand that if I am applying for a position within a criminal justice agency, as defined in section 13101 of the Penal Code, I am required to complete a Criminal Record Supplemental Questionnaire with the submission of my application. I understand I should not submit the Criminal Record Supplemental Questionnaire with my application unless directed to do so in the job flyer. By my signing below, I consent to disclose such information by submitting the Criminal Record Supplemental Questionnaire when requested to do so, and to cooperate with any criminal conviction record background check conducted by the County. A criminal conviction will not automatically disqualify me from employment as the offense, date, and job for which I am applying, and any evidence of rehabilitation or other mitigating circumstances will also be considered.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, Investigative Consumer Reports, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered, or any future job in the event that I am hired. By signing this document, I have specifically and permanently waived any rights I may have to review and inspect any and all information, unless otherwise specified by law, so all responses received on my behalf will be completely confidential pursuant to California Labor Code section 1198.5.

I understand that compliance with the District's policies, procedures, and Personnel Rules is a condition of my employment.

I understand that I will be required to successfully pass a drug screening and physical examination. I hereby consent to a post-offer, pre-employment drug screen and physical examination (where applicable) as a condition of my employment. I understand that other testing may be required depending on the position for which I am applying. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

I understand that any offer of employment is conditional upon the successful completion and results of drug screening, physical exam, and criminal background check. Employment is also conditioned upon your ability to provide documentary evidence of your eligibility for employment in the United States in accordance with employment eligibility verification laws.

I have read, understand, and by my signature, consent to these statements.

Applicant Signature

Date