

**Application for Employment
Western Municipal Water District**



Street/Mailing Address

450 E. Alessandro Blvd.
Riverside, CA 92508

Web Site: www.wmwd.com

Job Line: (951) 789-5063

Western Municipal Water District will provide equal opportunity to all employees and applicants for employment without regard to race, color, age, national origin, sex, religious belief, marital status, medical condition, physical disability, mental disability, sexual orientation, or any other manner prohibited by law.

Please tab through, filling in the application and/or hitting the ENTER key for checking items. All sections of this application must be completed. A resume will not be accepted in lieu of this completed Application Form and may be included only as a supplement.

Position applying for: _____

- How were you referred to us? Direct Contact District Employee District Job Line EDD
 Job Trak Jobs Available Newspaper - Please specify: _____
 Other – please specify: _____

Last Name		First Name		Middle Name	
Street Address		City		State	Zip Code
Telephone Number Include area code		Home	Message		
Driver License Number: _____				Class: _____	
State Issued In: _____				Expiration Date: _____	

Are you under the age of 18 years? Yes No If under 18, you will be required to furnish a work permit.

Do you have relatives currently employed by the District? This information is used to prevent placement that may create conflicts of interest. Yes No

If yes, indicate the employee's name and relationship _____

Have you ever worked for the District? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

Convictions will not necessarily disqualify you from employment. If yes, describe conditions.

For reference checking purposes, list other names under which you have worked or attended school? :

Education and Training

Did you graduate from high school? Yes No

If you did not graduate from high school, do you possess a GED or equivalent? Yes No

High school, college, university, technical, or vocational education

Name	City/State	Graduate?	Degree Or Certificate Received
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional License or Certification

Title	Number
Issued By	Expiration Date
Title	Number
Issued By	Expiration Date
Title	Number
Issued By	Expiration Date

Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience. Include equipment operated and licensed for, computer skills, typing speed, etc.

References

Give the name, address, and telephone number of three references that are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Employment Experience

1. List your most recent employment first. 2. List all experience, paid or voluntary. 3. Use different blocks for different jobs with the same employer. 4. If more space is required, continue on a separate sheet.

Employer		Type of business	Dates employed
Name and title of supervisor	Address		
Phone number (include area code)	Hourly wage	Job title	
Job duties			
Reason for leaving			

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Applicant's Certification

I certify that the information contained in this employment application and any related documents I am submitting is true and complete and understand that falsification of this information is grounds for refusal to hire, or if hired, termination of employment.

I understand that an offer of employment is contingent on successful completion of a physical examination, at the expense of Western Municipal Water District, to determine if I am physically able to perform the essential job duties of the position I am applying for, with or without reasonable accommodation. I further understand that the physical examination includes alcohol and drug testing, and I agree to sign a release authorizing the health professional performing the drug screening to release the results of the drug screening to Western Municipal Water District. I further understand that an offer of employment may also be contingent on my supplying the District with an original, current (no more than two weeks prior to the date of the conditional offer), and acceptable Driver License Report from the DMV, and a valid California Driver License.

If accepted for employment, I understand I must submit verification of my legal right to work in the United States.

I understand that this Certification is not an offer of employment by Western Municipal Water District or a contract for employment with the District. I further understand that Western Municipal Water District operates under an At-Will Employment Policy for probationary and temporary employees and this Certification does not alter or affect that policy in any manner whatsoever.

I hereby agree with and consent to all of the foregoing in consideration of Western Municipal Water District considering me for employment.

For applications submitted online, please check this box in lieu of signature.

Applicant's Signature
****Application can be signed during interview process.***

Date