**Arrowbear Park County Water District**

Office: 2365 Fir Dr., Arrowbear Lake, CA 92382

Mail: PO Box 4045, Arrowbear Lake, CA 92382-4045

Phone: 909-867-2704

Fax: 909-867-4736

Email: craigcarpenter2365@gmail.com

 **APPLICATION FOR EMPLOYMENT**

Please print or type unless otherwise noted. Attach additional sheets if more space is needed.

1. Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

 Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 House Number Street P.O. Box #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Residence Telephone Cell Phone

1. 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 Proof of employment eligibility will be required upon employment.
2. Are you currently employed? ❑ Yes ❑ No May we contact your current employer? ❑ Yes ❑ No
3. What date would you be available to start work?
4. What would be your desired salary?
5. Are you willing to relocate to the area if desired by the Board? ❑ Yes ❑ No
6. Have you applied here before? ❑ Yes ❑ No
7. Have you been employed with us before? ❑ Yes ❑ No
8. Are you related to anyone now in the District’s employ or on the Board of Directors, the consulting Engineering staff or the Attorney’s staff? ❑ Yes ❑ No If yes, state name of relative and organization.

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you now have a valid State of Calif. Driver’s License? ❑ Yes ❑ No

 Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you at present have any court or motor vehicle department restrictions which apply to your driver’s license? ❑ Yes ❑ No

 If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employment Record: Give your complete employment record for the last ten years, including unemployment periods. If employed under another name, write in the name by which you were known to your employer. Begin with your most recent employment and work backward consecutively for ten years.

|  |  |
| --- | --- |
| Length of EmploymentFrom: Mo. Yr.To: Mo. Yr.Total: Yrs. Mos.Reason For Leaving: | Firm Name Address City & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Business Your Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & Title of Your Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Description of Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Length of EmploymentFrom: Mo. Yr.To: Mo. Yr.Total: Yrs. Mos.Reason For Leaving: | Firm Name Address City & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Business Your Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & Title of Your Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Description of Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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1. Education: Give name and location of all schools listed.

School Name & Location Highest Year Completed Major Course Graduate Degree Year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| High School: | 9 10 11 12 |  | ❑ Yes❑ No |  |   |
| Trade School: | Length of Course |  | ❑ Yes❑ No |  |  |
| Business School: | Length of Course |  | ❑ Yes❑ No |  |  |
| College(s): |  |  | ❑ Yes❑ No |  |  |
| Graduate work: |  |  | ❑ Yes❑ No |  |  |

* 1. Subjects of special study related to job applying for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. List languages that you: Speak Fluently Read or Write

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

* 1. List any courses of training that are relevant to your application:

* 1. List skills and abilities acquired through a method other than formal schooling, that are related to the job:

* 1. List any computer skills, programs, and abilities:

1. Please answer the following questions concerning your experience, training, or knowledge:
	1. Have you worked for a public or municipal agency? ❑ Yes ❑ No

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What was your position?

* 1. Do you have a current Water Distribution Certification? ❑ Yes ❑ No

Grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long?

* 1. Do you have a current Water Treatment Certification? ❑ Yes ❑ No

Grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long?

* 1. Do you have a current Wastewater Collections Certification? ❑ Yes ❑ No

Grade? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long?

* 1. Have you operated heavy equipment? ❑ Yes ❑ No

Equipment types? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long?

1. Check the following, indicating your ability level in these specific areas:

 Have Knowledge of Moderately Qualified Well Qualified

Accounting Principles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Accounting Software \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Financial/Audit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Budgeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Project Management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Master/Strategic Planning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Public Agency Mgmt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Customer Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

MS Word \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

MS Excel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Billing Software \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Water Meter Technology \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Pipeline Replacement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Water Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Water Sampling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Regulatory Compliance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Wastewater Collections \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Job Safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

1. Please briefly describe your management style:

1. References: please list 3 references that are not related to you:

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

1. List here any additional information you think pertinent to this application:

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, gender, gender expression, gender identity, genetic information, national origin, age (40 or over), marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

 I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any misrepresentation, falsification, or material omission of information on this application or on any document used to secure employment shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of time elapsed before discovery.

 I hereby authorize Arrowbear Park County Water District, to thoroughly investigate any references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Arrowbear Park County Water District, any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Arrowbear Park County Water District, my former employers and all other persons, corporations, partnerships and associations, and their respective agents, employees and representatives, from any and all claims, demands or liabilities, arisen out of or is in any way related to such investigation or disclosure.

 Check here if you wish to receive a copy of any background investigation report done on you.

 I understand that nothing contained in my employment application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Arrowbear Park County Water District In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that my employment and compensation may be terminated at-will, with or without cause, with or without notice, at any time, either at my option or at the option of Arrowbear Park County Water District I further agree that no promises or representations contrary to the foregoing are binding on Arrowbear Park County Water District, unless such an agreement is made in writing that clearly and expressly specifies the intent to alter that at-will nature of employment, and is signed by me and the president of Arrowbear Park County Water District Thus, I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship, and that there are no oral or collateral agreements regarding this issue.

 I also understand that all offers of employment are conditioned on: (1) successful completion of a background check (including criminal history); and (2) the provision of satisfactory proof of my identity and legal authority to work in the U.S. Offers of employment are also conditioned on Arrowbear Park County Water District’s receipt of satisfactory responses to reference requests, and if requested, satisfactory completion of a post-offer medical examination, including a drug/alcohol test.

 Applicant’s Signature Date