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

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APPLICATION FOR EMPLOYMENT

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

1.	Applicant's Name					
	11	(Last)	(First)	(Middle)		
	Physical Address	House Number	Street	P.O. Box #		
		City	State	Zip Code		
		Residence Telephon	e Cell Ph	one		
2.	Are you prevented status?	•	ing employed in this count	ry because of Visa or Immigration lupon employment.		
3.	Are you currently	employed? 🗖 Yes 🛚	☐ No May we contact you	r current employer? 🛚 Yes 🔲 N		
4.	What date would y	ou be available to sta	rt work?			
5.	Are you willing to	work overtime as des	scribed in the job descriptio	n? □ Yes □ No		
6.	Are you willing to	participate in on-call	rotation as described in the	job description? □ Yes □ No		
7.						
8.	Have you applied here before? ☐ Yes ☐ No Have you been employed with us before? ☐ Yes ☐ No					
9.			istrict's employ or on the Born Yes \(\sime\) No If yes, st	oard of Directors, the consulting ate name of relative and		
	Name		Relationship)		
	Organization					
10.	Do you now have a valid State of Calif. Driver's License? Yes No					
	Driver's License N Date	Jumber		Expiration		
11.	Do you at present driver's license?	•	tor vehicle department restr	ictions which apply to your		
	If yes, explain					

12. 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 Employment From: Mo. Yr. To: Mo. Yr. Total: Yrs. Mos. Salary: Reason For Leaving:	Firm Name Type of Business Name & Title of You Description of Duties	ır Supervisor	Your Title	City & State
Length of Employment From: Mo. Yr. To: Mo. Yr. Total: Yrs. Mos. Salary: Reason For Leaving:	Firm Name Type of Business Name & Title of You Description of Duties	ır Supervisor	Your Title	City & State
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Length of Employment From: Mo. Yr. To: Mo. Yr. Total: Yrs. Mos. Salary: Reason For Leaving:	Firm Name Type of Business Name & Title of You Description of Duties	-	Your Title	City & State

13. Education: Give name and location of all schools listed.

School Name &	Location	Highest Year Completed	Major Course	Graduate	Degree	Year
Last Elementary or High School: Trade School:		1 2 3 4 5 6 7 8 9 10 11 12		☐ Yes ☐ No		
Trade School: Business School: Correspondence School: College(s): Graduate work: (a) Subjects of special states of the second special special states of the second special sp		Length of Course		☐ Yes ☐ No		
Business Sch	ast Elementary or High School: rade School: correspondence chool: college(s): raduate work: (a) Subjects of special section of special sectio	Length of Course		☐ Yes ☐ No		
Correspondence School: College(s): Graduate work: (a) Subjects of special st			☐ Yes ☐ No			
			☐ Yes ☐ No			
Graduate work:				☐ Yes ☐ No		
(a)	Subjects of special st	tudy				
(b)	List languages that y	ou: Speak Fluently	I	Read or Write		
(c)	List any short course	es of training that are re	elevant to your appl	ication.		
		es acquired through ot	her than formal scho	poling.		
		kills, programs, and abilities.				

(a)	Please answer the following questions concerning your experience, training, or knowledge:				
(u)	Have you worked f	or a public or municipa	al agency? 🗖 Yes 🗖 No)	
	Where?		What was your position?		
(b)	Do you have a curr	ent Water Distribution	Certification? ☐ Yes ☐	l No	
	Grade?		How long?		
(c)	Do you have a curr	ent Water Treatment C	Certification?	No	
	Grade?		How long?		
(d)	Do you have a curr	ent Wastewater Collec	tions Certification? \square Ye	es 🛘 No	
	Grade?		How long?		
(e)	, 1	d water line repairs?			
			How long?		
(f)		d sewer line repairs?			
	Pipe Sizes?		How long?		
(g)	Have you operated	heavy equipment?	Yes 🗖 No		
	Equipment types?		H	low long?	
Check the following, indicating your ability level in these specific areas:					
		Have Knowledge of	Moderately Qualified	Well Qualified	
Wate	r Meter Reading		Moderately Qualified	_	
	_		•		
Wate	r Meter Replacement				
Wate Servi	r Meter Replacement				
Wate Servi Pipel	r Meter Replacement				
Wate Servi Pipel Wate	r Meter Replacement ce Line Installation ine Installation r Treatment				
Wate Servi Pipel Wate Wate	r Meter Replacement ce Line Installation ine Installation r Treatment r Sampling				
Wate Servi Pipel Wate Wate Pump	r Meter Replacement ce Line Installation ine Installation r Treatment r Sampling Operation/Repair				
Wate Servi Pipel Wate Wate Pump Basic	r Meter Replacement ce Line Installation ine Installation r Treatment r Sampling Operation/Repair Math/Geometry				
Wate Servi Pipel Wate Wate Pump Basic	r Meter Replacement ce Line Installation ine Installation r Treatment r Sampling Operation/Repair				
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16.	References: please list 3 references that are not related to you and are not previous employers.					
Name	Address	Phone	Relationship			
Name	Address	Phone	Relationship			
Name	Address	Phone	Relationship			
17.	List here any additional information yo	u think pertinent to this application.				
My si	gnature on this application certifies th	at all information given on this appli	ication is true and			
	ct. Falsifying application information					
Signa	ture		Date			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.