## **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: apcwdmail@gmail.com

## **APPLICATION FOR EMPLOYMENT**

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

1.							
		(Last)	(First)	(Mide	dle)		
	Physical Address						
		House Number	Street		P.O. Box #		
		City		State	Zip Code		
		Residence Telepho	one	Cell Phone			
2.	Are you prevented status?	•	ming employed in th loyment eligibility will b	•	use of Visa or Immigration nployment.		
3.	Are you currently	employed? 🛛 Yes	□ No May we con	tact your currer	it employer? 🗖 Yes 🗖 No		
4.	What date would y	you be available to s	tart work?				
5.	Are you willing to	work overtime as d	escribed in the job de	escription? 🛛 Y	es 🛛 No		
6.	Are you willing to	participate in on-ca	ll rotation as describe	ed in the job des	cription? 🗆 Yes 🗖 No		
7.	Are you willing to description?		nutes travel time of t	he district office	e as described in the job		
8.	Have you applied	here before? 🗖 Yes	🛛 🔲 No Have you be	en employed w	ith us before? 🛛 Yes 🔍 No		
9.	Are you related to anyone currently employed by the District or on the Board of Directors, the						
	consulting Engineering staff or the Attorney's staff? $\Box$ Yes $\Box$ No If yes, state name of relative and organization.						
	Name Relationship						
	Organization						
10.	Do you now have	a valid State of Cali	f. Driver's License?	□ Yes □ No			
	Driver's License N	lumber		Expiration	Date		
11.	Do you at present have any court or motor vehicle department restrictions which apply to your driver						
	license? 🗆 Yes 🗖 No						
	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.

<u>Length of Employment</u> From: Mo. Yr.	Firm Name	Address		City & State
To: Mo. Yr. Total: Yrs. Mos. Salary: Reason For Leaving:	Type of Business     Name & Title of You	r Supervisor	Your Title	
Reason For Leaving.	Description of Duties			
Length of Employment From: Mo. Yr.	Firm Name	Address		City & State
To: Mo. Yr.	Type of Business		Your Title	
Total: Yrs. Mos. Salary: Reason For Leaving:	Name & Title of You	r Supervisor		
	Description of Duties			
Length of Employment From: Mo. Yr.	Firm Name	Address		City & State
From: Mo. Yr. To: Mo. Yr.	Firm Name Type of Business	Address	Your Title	City & State
From: Mo. Yr.			Your Title	City & State
From:Mo.Yr.To:Mo.Yr.Total:Yrs.Mos.	Type of Business	r Supervisor		
From:Mo.Yr.To:Mo.Yr.Total:Yrs.Mos.	Type of Business         Name & Title of You         Description of Duties	r Supervisor		
From:Mo.Yr.To:Mo.Yr.Total:Yrs.Mos.Salary:	Type of Business         Name & Title of You         Description of Duties         Firm Name	r Supervisor		
From:Mo.Yr.To:Mo.Yr.Total:Yrs.Mos.Salary:	Type of Business         Name & Title of You         Description of Duties	r Supervisor		
From: Mo.Yr.To:Mo.Yr.Total: Yrs.Mos.Salary:	Type of Business         Name & Title of You         Description of Duties         Firm Name	r Supervisor		
From:Mo.Yr.To:Mo.Yr.Total:Yrs.Mos.Salary:	Type of Business         Name & Title of You         Description of Duties         Firm Name         Type of Business	r Supervisor Address		

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:		1 2 3 4 5 6 7 8 9 10 11 12		□ Yes □ No		
Trade School:		Length of Course		□ Yes □ No		
Business School:		Length of Course		□ Yes □ No		
Corresponde School:	nce			□ Yes □ No		
College(s):				□ Yes □ No		
Graduate wo	rk:			□ Yes □ No		
(a)	Subjects of special st	tudy				
(b)	List languages that y	ou: Speak Fluently	Rea	d or Write		
(c)	List any short course	s of training that are re	elevant to your applicat	tion.		
(d)	List skills and abilitie	es acquired through ot	her than formal school	ng.		
(e)	List any computer sk	tills, programs, and abi	ilities.			

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14.	Pleas	e answer the followin	g questions concerning	g your experience, training	, or knowledge:	
	(a) Have you worked for a public or municipal agency?  Yes  No					
		Where?		_ What was your position?		
	(b)	Do you have a curr	ent Water Distribution	Certification?	l No	
		Grade?		How long?		
	(c)	(c) Do you have a current Water Treatment Certification?				
		Grade?		How long?		
	(d)	d) Do you have a current Wastewater Collections Certification? $\Box$ Yes $\Box$ No				
				How long?		
	(e)	) Have you performed water line repairs?  Yes No				
		Pipe Sizes? How long?				
	(f)	• •	d sewer line repairs?			
				How long?		
	(g)	<b>v 1</b>	heavy equipment?			
		Equipment types? _		Н	low long?	
15.	Check the following, indicating your ability level in these specific areas:					
			Have Knowledge of	Moderately Qualified	Well Qualified	
	Wate	r Meter Reading				
	Wate	r Meter Replacement				
	Servi	ce Line Installation				
	Pipel	ine Installation				
	Wate	r Treatment				
	Wate	r Sampling				
	Pump	Operation/Repair				
	Basic	Math/Geometry				
	Hand	/Power Tools				
	Custo	omer Service				
	Job S	afety				

16. References: please list 3 references that are not related to you and are not previous employers.

Address		
	Phone	Relationship
Address	Phone	Relationship
ist here any additional information yo	ou think pertinent to this application.	
	ist here any additional information yo	Address Phone ist here any additional information you think pertinent to this application.

correct. Falsifying application information can result in termination.

Signature

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.