



EAST ORANGE COUNTY WATER DISTRICT | EMPLOYMENT APPLICATION

185 N McPherson Rd., Orange, CA 92869

An Equal Opportunity Employer

PLEASE PRINT

DATE _____

Name: _____
Last First Middle

Home Telephone: (____) _____ Alternate Telephone (____) _____

Email Address: _____ SSN.: _____

Present Address

No. Street City State Zip

Permanent Address (if different from present address)

No. Street City State Zip

EMPLOYMENT DESIRED

Position applying for: _____

Are you applying for:

Regular full-time work? Yes ____ No ____

Regular part-time work? Yes ____ No ____

Temporary work, e.g., summer or holiday work? Yes ____ No ____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

Start Date: _____ End Date: _____

Are you available for work on weekends? Yes ____ No ____

Would you be available to work overtime, if necessary? Yes ____ No ____

If hired, on what date can you start work? _____

PERSONAL INFORMATION

Have you ever applied to or worked for East Orange County Water District before? Yes ____ No ____

If yes, when? _____

Do you have any friends or relatives working for East Orange County Water District? Yes ____ No ____

If yes, state name and relationship: _____

If hired, would you have a reliable means of transportation to and from work? Yes ____ No ____

Are you at least 18 years old?
(If under 18, hire is subject to verification that you are minimum legal age.) Yes ____ No ____

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 ____

Are you able to perform the essential functions or the job for which you are applying? Yes ____ No ____

If no, describe the functions that cannot be performed

Note: EOCWD complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, including skill and agility tests.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes ____ No ____
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Are you currently employed? Yes ____ No ____

If so, may we contact your current employer? Yes ____ No ____

EDUCATION, TRAINING AND EXPERIENCE

	NAME & ADDRESS	NO. OF YEARS	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
VOCATIONAL/ BUSINESS				
HEALTH CARE				

Do you have any other experience, training, qualifications or skills which you believe make you especially suited for work at East Orange County Water District? If so, please explain:

ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A LICENSED OR CERTIFIED POSITION

Are you licensed/certified for the Postion applied for? Yes ____ No ____

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes ____ No ____

If yes, state reason(s), date of revocation or suspension and date of reinstatement

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____

Employer's Address

No.	Street	City	State	Zip
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Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties:

Reason for leaving:

Name of Employer: _____

Employer's Address

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name: _____

Your Position and Duties:

Reason for leaving:

EMPLOYMENT HISTORY cont.

Name of Employer: _____

Employer’s Address

No.	Street	City	State	Zip
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Type of Business: _____

Telephone No. (____) _____ Your Supervisor’s Name: _____

Your Position and Duties:

Reason for leaving:

Name of Employer: _____

Employer’s Address

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Type of Business: _____

Telephone No. (____) _____ Your Supervisor’s Name: _____

Your Position and Duties:

Reason for leaving:

Note: Attach additional page(s) if necessary

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes ____ No ____

If so, describe: _____

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address:

No.	Street	City	State	Zip
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Occupation: _____

Telephone No. (____) _____ Number of Years Acquainted: _____

Name: _____

Address:

No.	Street	City	State	Zip
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Occupation: _____

Telephone No. (____) _____ Number of Years Acquainted: _____

Name: _____

Address:

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Occupation: _____

Telephone No. (____) _____ Number of Years Acquainted: _____

PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH & SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact 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 the time elapsed before discovery.

_____ I hereby authorize East Orange County Water District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the East Orange 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 East Orange County Water District, from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that in accordance with Government Code Section 3100, East Orange County Water District employees, in the event of a disaster, are considered Disaster Service Workers and may be asked to respond accordingly.

_____ I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract between me, applicant, and East Orange County Water District. In addition, I understand and agree that if I am employed, my employment is an at-will position and may be terminated at any time, with or without prior notice or cause, at the option of either myself or East Orange County Water District, and that no promises or representations contrary to the foregoing are binding on East Orange County Water District unless made in writing and signed by me and East Orange County Water District's designated representative.

Date: _____ Signature: _____

PLEASE SUBMIT YOUR COMPLETED EMPLOYMENT APPLICATION TO EOCWD BY ONE OF THE FOLLOWING METHODS:

1. Mail or Personal Delivery: EOCWD, 185 N McPherson Road, Orange, CA 92869
2. Email: sprado@eocwd.com