

Application for Employment

Elk Grove Water District
9257 Elk Grove Boulevard, Elk Grove, CA 95624

We are an equal opportunity employer, dedicated to a policy of non-discrimination and unfair treatment because of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. Employment is at-will.

Job title: _____

Personal data

Name _____

Present

Address _____ City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Driver's License: Operator Commercial License No. _____

Education

Did you graduate from highschool? Yes No Equivalent

Name the last high school you attended _____

City _____ State _____ Zip _____

Higher lever education: AA BA MA PHD

List all schools attended for which a degree was received:

Degree _____

School _____

City _____ State _____ Zip _____

Degree _____

School _____

City _____ State _____ Zip _____

Work experience

Company Name _____

Address _____ City _____ State _____ Zip _____

Dates of employment: Start _____ End _____

Title: _____

Job duties

Reason for leaving: _____

Name of contact _____

Title _____ Phone _____

Company Name _____

Address _____ City _____ State _____ Zip _____

Dates of employment: Start _____ End _____

Title: _____

Job duties

Reason for leaving: _____

Name of contact _____

Title _____ Phone _____

Company Name _____

Address _____ City _____ State _____ Zip _____

Dates of employment: Start _____ End _____

Title: _____

Job duties

Reason for leaving: _____

Name of contact _____

Title _____ Phone _____

Additional information

Volunteer work _____

Summary of work experience or additional information (such as special skills, licenses, etc.)

Professional references (names of persons not related to you):

Name _____

Title _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____

Title _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____

Title _____ Phone _____

Address _____ City _____ State _____ Zip _____

Job Description

The job description for the position in which you are applying is attached, are you able to perform the tasks indicated with or without an accommodation? Yes No

Authorization

I authorize an investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Signature of applicant: _____ Date _____

In case of an emergency notify:

Name _____

Relation _____ Phone _____

Address _____ City _____ State _____ Zip _____