



Three Valleys MWD
 1021 Miramar Avenue
 Claremont, CA 91711-2052
 Phone: 909 621-5568
 Fax: 909 625-5470

APPLICATION FOR EMPLOYMENT

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 disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number		E-Mail Address		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date: _____ Yes No

Have you ever been employed with us before? If yes, give date: _____ Yes No

Are you currently employed? Yes No

May we contact your present employer Yes No

Can you, after employment, submit verification of your right to work in the U.S.?
Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temp

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Within the last two years, have you been convicted of a felony for which the record has not been judicially expunged, sealed, or eradicated?
Conviction will not necessarily disqualify an applicant from employment. Yes No

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:</i>

References

Give name, address and telephone number of three references who are not related to you and are not previous employers

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe: _____

Do you have any physical condition or handicap which may limit your ability to perform the job for which you have applied? Yes No If yes, what can be done to accommodate your limitation? _____

Applicant's Statement

READ THIS STATEMENT BEFORE SIGNING BELOW

I certify that the answers and responses given on this application are true and complete to the best of my knowledge. I have not knowingly withheld any information requested or not requested, which, if disclosed, might affect my application unfavorably. I understand that false or misleading statements on this application, or omissions, may result in me being discharged whenever they may be discovered.

I authorize investigation of all statements, answers and responses I have made on this application and will cooperate with you in obtaining information from previous employers about my qualifications for the job(s) for which I am applying. I agree to hold my former employers and other persons harmless on account of furnishing or verifying information related to this job application.

I also agree that you may give information about me to future employers who may inquire about my work record and experience with you. Such information would include a transcript of my personnel record, information as to my ability and job performance and the cause of my leaving your employment. I release you from any and all liability for damages related in any way to your furnishing such information.

I understand this application is not, and is not intended to be a contract of employment. This application is not an offer of employment and is not a complete list of the terms and conditions that affect employment with TVMWD. Persons selected for employment will be required to pass a medical examination, which includes drug screening. They will also be required to present documents establishing personal identity and the legal right to work in the United States. Employment is contingent upon the successful completion of this process. If I am offered and accept a job with you, and unless we otherwise agree in writing, I understand that my status will be that of an "at-will" employee for no specified term, which shall continue for only so long as mutually agreeable to you and to me, and may be terminated by either of us with or without cause and with or without prior notice. I further agree that, if employed by you, I will be required to abide by all your rules and regulations regarding employment, whether written or oral, as they may now exist or as you may change them at any time in the future. I also understand that only an authorized agent of the Board of Directors of Three Valleys Municipal Water District has the authority to make an agreement with me fixing the period of my employment for a specified period of time, and then only if such agreement is in writing and signed by the person(s) with such authority.

Signature of Applicant

Date