



VOLUNTEER APPLICATION

Three Valleys Municipal Water District
1021 E. Miramar Avenue
Claremont, California 91711-2052
Phone: 909-621-5568
FAX: 909-625-5470
Website: www.threevalleys.com

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"/> Employment Agency	<input type="checkbox"/> School (Name: _____)				
<input type="checkbox"/> Advertisement (Where: _____)	<input type="checkbox"/> Walk-in				
<input type="checkbox"/> Friend (Name: _____)	<input type="checkbox"/> Other _____				
<input type="checkbox"/> Relative (Name: _____)	_____				
Last Name		First Name	Middle Name		
Address (Number and Street)		Apt/Unit #	City	State	Zip Code
Telephone # (Home)		Telephone # (Cell)	E-Mail Address		

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

Can you submit proof of ability to operate a motor vehicle (copy of a Driver License)? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ 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

Can you travel if a job requires it? ☐ Yes ☐ No

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

Check all that apply.

On what date would you be available to work? Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revised: July 2025

Employment Experience

Please provide your employment history in the space below (most recent employment first). If you need additional space, please continue on a separate sheet of paper.

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

Employer	Dates Employed (MM/YYYY) From	Work Performed
Address		
Telephone Number(s)	To	
Your Job Title	Supervisor	
Reason for Leaving		

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Special Skills and Qualifications:

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

Education

	High School				Undergraduate College/University				Graduate/Professional Trade School			
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
School Name												
Location (City, State)												
Course of Study												
Diploma/Degree												

Describe any specialized training, apprenticeship(s), skills and extra-curricular activities:

Describe any honors you have received:

List professional, trade, business or civic activities and offices held:

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List any foreign languages you can speak, read and/or write:

State any additional information you feel may be helpful to us in considering your application:

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?

Availability

The period of training is designed to run up to six (6) months, but may extend longer depending on current work/project needs. Program days are Tuesday through Thursday, from 6:30 a.m. to 3:00 p.m. Provide the days you are committing for the duration of the program.

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Available 6:30 a.m. - 3:00 p.m.					

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 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 will be required to pass a physical examination, which may include drug screening. They will also be required to present documents establishing personal ability to operate a motor vehicle.

Signature of Applicant

Date