



55439 29 Palms Hwy.
Yucca Valley, CA 92284-2503
760.365.8333/ Fax 760.365.0599

Employment Application

Date: _____ Position applied for: _____

Name: _____ Home/Cell Phone: _____

Address: _____ Email: _____

In case of emergency, name, address and phone of person to notify: _____

Are you at least 18 years of age? Yes No Are you legally able to work in the U.S.? Yes No

Would you be willing to relocate? Yes No Will you work any shift? Yes No If no, for what shift are you available? _____ Do you have any family, business, health or social obligations that would prevent you from: Working consistently? Yes No Working overtime? Yes No Traveling? Yes No If "yes" to any of the above, explain: _____

Have you ever been convicted of a felony or serious misdemeanor? Yes No If "yes", explain (conviction will not necessarily disqualify you): _____

Physical Condition

If required by the job, check the weight you can or are willing to lift: 10 lbs 25 lbs 50 lbs 75 lbs 100 lbs
 Seldom Occasionally Frequently

Do you have any physical handicap which may limit your ability to perform the job for which you are applying? Yes No If "yes", explain: _____

Please indicate any accommodations the District must make to any physical handicap listed, which would make it possible for you to perform the job: _____

Acceptance as an employee may be contingent upon passing a physical examination. Discrepancy between your answer above and examination results may result in rejection.

Current Water Certifications Held (if applicable)

California DOHS Distribution – Grade _____ California DOHS Treatment – Grade _____

Other: _____

Skills

Equipment operated: _____

Read blueprints? Yes No Read schematics? Yes No

Computers operated: PC MAC Other _____ Do you type? Yes No If "yes", WPM: _____

Computer programs used: Word Processing Graphics CAD Financial Other _____

Other training/skills: _____

Educational Record

School Attended	Name	Address	Grade Completed	Major
High School			1 2 3 4	
Trade School			1 2 3 4	
Junior College			1 2	
College/University			1 2 3 4	
Graduate School			1 2 3 4	

Adult Education or Special Training: _____

US Military Service

Service Branch: _____ Final Rank: _____ Specialty: _____

Special training received: _____

Employment Record

Other name(s) under which employment may be verified: _____ None

May we contact your current employer? Yes No List all jobs, military service, and self-employment beginning with the present.

Company Name & Address	Dates Employed Mo. / Yr.	Base Rate of Pay	Type of Work Performed Name & Title of Supervisor	Specific Reason for Leaving
	Fr To	\$ Per		
	Fr To	\$ Per		
	Fr To	\$ Per		
	Fr To	\$ Per		
	Fr To	\$ Per		

I understand any omission or misrepresentation of material fact in this application may result in refusal of, or separation from, employment. I have no objection to signing an employee agreement on confidential information and/or inventions or taking a physical examination or drug testing. I hereby authorize the District to make any investigation of my background deemed necessary. I authorize the companies/agencies listed above to give you any and all information concerning my prior employment and any information they have, personal or otherwise, and release all parties from all liability for any damage that may result from providing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the District. **I understand that my employment and compensation will be at-will, and can be terminated with or without cause and with or without any notice, at any time, at the option of either the District or myself.** I understand that no supervisor or other representative of the District, other than the General Manager, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.

Signature of Applicant: _____

Date Signed: _____