

# APPLICATION FOR EMPLOYMENT



P.O. Box 1105 • Taft, CA 93268-0024  
(661) 763-3151 • FAX (661) 765-4271

Position Applied For	Date of Application
----------------------	---------------------

## PERSONAL INFORMATION (Please Print)

Last Name	First Name	Middle Name		
Mailing Address	Street	City	State	Zip Code
Telephone Number (s)				

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

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

Can you, upon employment, submit verification (birth certificate, social security card, proof of permanent alien status, or other proof of U.S. citizenship) of your legal right to work in the U.S.?  Yes  No

Do you have a valid California driver's license or the ability to obtain one?  Yes  No  
 Class \_\_\_\_\_ License No. \_\_\_\_\_  Ability

What language other than English do you speak, write, and understand fluently? \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Employer		Dates Employed	WORK PERFORMED
		From	
Address			
Telephone Number(s)			
		To	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed	WORK PERFORMED
		From	
Address			
Telephone Number(s)			
		To	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed	WORK PERFORMED
		From	
Address			
Telephone Number(s)			
		To	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed	WORK PERFORMED
		From	
Address			
Telephone Number(s)			
		To	
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed	WORK PERFORMED
		From	
Address			
Telephone Number(s)			
		To	
Job Title	Supervisor		
Reason for Leaving			

Please identify and explain all periods of unemployment during the last five years:

<u>From</u>	<u>To</u>	<u>Reason for Unemployment</u>

## EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Degree or Diploma
High School				
Undergraduate College				
Graduate College				
Business/Trade/Technical				

## SPECIALIZED SKILLS

List any courses, special skills, training, machines, or equipment that you can operate that relate to the requirements of the position. List any licenses or certificates required of this position. Include number or date.

---

---

---

---

---

---

---

---

## OTHER

Please list job-related organizational clubs, professional societies, or other associations to which you belong (you may omit those which indicate your race, creed, color, national origin, ancestry, sex, age, sexual orientation, or disability).

---

---

---

---

---

---

## REFERENCES (List Three Work-Related References)

1.	_____	_____	_____
	Name	Business Name	Business Phone No.
2.	_____	_____	_____
	Address	Business Name	Years Acquainted
3.	_____	_____	_____
	Name	Business Name	Business Phone No.
	_____	_____	_____
	Address	Business Name	Years Acquainted

## APPLICANT'S STATEMENT

I certify that all statements made on this application for employment are true, correct, and completed to the best of my knowledge. In the event of employment, I understand that false omission of material, or misleading information given in my application or interview(s) is cause for immediate disqualification for employment or, if employed, immediate discharge thereafter. In consideration of my employment, I agree to conform to the rules, regulations, and personnel policies of the employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that all offers of employment are conditioned on the District's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of identity and legal authority to work in the United States. Offers of employment are also conditioned upon the satisfactory completion of a post-offer drug screen, background check (including civil and criminal history and/or a credit report if applicable) and medical examination.

West Kern Water District is a drug-free workplace. Pre-employment and post-accident drug tests are mandatory. Positions that are considered "safety sensitive" are subject to random drug testing. All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related disability or any other legally protected status.

This application shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should submit a Walk-In Employment Inquiry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date