



**APPLICATION FOR EMPLOYMENT
(Complete this Form in Ink Only)**

As an Equal Opportunity Employer, employment and advancement with the OCWD are determined by an individual's qualifications and abilities without regard to race, color, age, sex, national origin, handicap, disability, veteran status, religion, or any other protected class in accordance with applicable federal, state, or local laws. This policy applies to all phases of personnel activity including hiring, training, assignment, promotion and compensation.

Application Effective For 60 Days
Date of Application
Date Available For Work:

PERSONAL DATA

Referred to Company by	<input type="checkbox"/> Ad <input type="checkbox"/> State Agency	<input type="checkbox"/> College/School <input type="checkbox"/> Own Initiative	Private Agency _____ Employee _____
Name (First, Middle, Last)			Position Applied for
Mailing Address			Phone No. (including area code)
City	State	Zip Code	Social Security Number
In case of Emergency Notify	Name	Address	Phone No. (including area code)
Are you legally entitled to be Employed in the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to travel?	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
Were you previously an employee of OCWD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes	Location
			Dates

EDUCATION RECORD

Type of School	Name and Location	No Yrs. Attended	Did You Graduate	Degree and Major
High School	1.			
	2.			
Vocational or Trade School	1.			
	2.			
College or University	1.			
	2.			
Post Graduate Schooling	1.			
	2.			

SKILLS AND EXPERIENCE

List machines, mechanical, electrical equipment or systems with which you have experience (use additional page if necessary)
Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No
List software applications you have experience with:
If so, please describe:

EMPLOYMENT RECORD

(List Most Recent Employment)

May we contact your present employer? Yes No

May we phone you with discretion at your present place of employment? Yes No

Phone _____

Employer		Address		Dates Employed	From (Mo./Yr.)	To (Mo./Yr.)
Job Title or Position		Supervisor's Name		Supervisor's Title	Mo. Salary or Hourly Wage	Starting Ending
Primary Responsibilities				Reason for Leaving		Phone
Employer		Address		Dates Employed	From (Mo./Yr.)	Dates Employed
Job Title or Position		Supervisor's Name		Supervisor's Title	Mo. Salary or Hourly Wage	Starting Ending
Primary Responsibilities				Reason for Leaving		Dates Employed
Employer		Address		Dates Employed	From (Mo./Yr.)	Dates Employed
Job Title or Position		Supervisor's Name		Supervisor's Title	Mo. Salary or Hourly Wage	Starting Ending
Primary Responsibilities				Reason for Leaving		Dates Employed
Employer		Address		Dates Employed	From (Mo./Yr.)	Dates Employed
Job Title or Position		Supervisor's Name		Supervisor's Title	Mo. Salary or Hourly Wage	Starting Ending
Primary Responsibilities				Reason for Leaving		Dates Employed
Employer		Address		Dates Employed	From (Mo./Yr.)	Dates Employed
Job Title or Position		Supervisor's Name		Supervisor's Title	Mo. Salary or Hourly Wage	Starting Ending
Primary Responsibilities				Reason for Leaving		Dates Employed

REFERENCES

(Please list three personal or business references other than former employers or relatives)

Name	Address	Occupation	Phone No.	Check Results/Date
Are you known to schools/references by another name? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, by what name?	

I hereby authorize the OCWD to communicate with all schools, former employers, and personal references and to otherwise investigate and confirm the facts as set forth above. I release all such persons and the OCWD, including its employees and Commissioners from any claims from such inquiries and investigations.

I understand that all offers of employment are contingent on my producing legally required documentation to satisfy Form I-9 from the Department of Homeland Security, U.S. Citizenship and Immigration Services. I understand the OCWD may condition any offer of employment in additional ways.

I further agree and acknowledge that, as a part of the application process and during possible subsequent employment with the OCWD, I may be subject to alcohol and drug screening.

I understand that acceptance of this application does not constitute a contract of employment, and I agree and acknowledge that if employed, my employment can be terminated, with or without cause or notice, at any time by myself or the OCWD.

I affirm that all information provided by me on this application is true and complete, and I understand that falsification of information on this application or elsewhere during the application and pre-employment process is cause for rejection of this application, rescission of an offer of employment, or termination from the OCWD in the event I am hired.

Applicant's Signature

Date