


WHEELER RIDGE-MARICOPA WATER STORAGE DISTRICT

Employment Application



APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available:		Social Security No. NOT APPLICABLE 	Desired Salary: (per hour)	
Position Applied for:				
Drivers License No: _____		Class _____	State _____	Is drivers license restricted, suspended, or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Name and relationship of friend/relative employed by the District:				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any physical conditions requiring accommodation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
Business or Trade School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree

LIST ATTACHED CERTIFICATES OF TRAINING AND CURRENT DMV:

DESCRIBE MECHANICAL EXPERIENCE:

REFERENCES

Please list three references who are not related to you or previous employers.

Reference 1	
Full Name	Relationship
Company	Phone ()
Address	
Reference 2	
Full Name	Relationship
Company	Phone ()
Address	
Reference 3	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you currently on "lay off" status and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE—READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements made in this applications are true and complete to the best of my knowledge. I authorize investigation of all disclosures contained in this application. I understand that any misstatement or omission of material facts in this application will cause forfeiture on my part of all rights if employed by the District. I further agree to submit to a pre-employment medical examination, a pre employment drug screen by the District toxicologist (if applicable), and a current California DMV Report.

Signature

Date