

# Wheeler Ridge-Maricopa Water Storage District



## Employment Application

12109 Highway 166 Bakersfield, CA 93313  
661.858.2291 / 661.858.2643 (fax)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Is your driver's license restricted, suspended, or revoked? YES  NO

Name and relationship of friend or relative employed by the District \_\_\_\_\_

Do you have any physical conditions requiring accommodation? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

LIST ATTACHED CERTIFICATES OF TRAINING AND CURRENT DMV: \_\_\_\_\_

DESCRIBE MECHANICAL EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

Are you currently on "lay off" status and subject to recall?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I hereby certify that all statements made in this application 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: \_\_\_\_\_