

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: _____