



87 Carol Lane
 P. O. Box 127
 Oakley, CA 94561

EMPLOYMENT APPLICATION

Please Print Clearly in Pen by Hand

Last Name	First Name	M.I.
Street		City
State	Zip	Phone: Home Work
Social Security Number		Position Desired
Minimum Salary Requirement / Month		Date Available
How Did You Learn of Our Organization?		
U.S. Citizen? _____Yes _____No		If Not, Do You Have Legal Permission to Work in the U.S.A. from INS?
<p>Do you have any mental or physical limitations, disabilities, or health problems which may affect performance on the job for which you are applying? _____Yes _____No</p> <p>If yes, please explain briefly below.</p> 		
<p>Have you ever been discharged, rejected, or forced to resign during a probationary period from any employment within the last 10 years _____Yes _____No</p> <p>If yes, give name of employer, dates of employment, and reasons below. A yes answer is not necessarily a bar to employment. Each case is given individual consideration based upon job relatedness.</p> 		

Employment History over past 10 years
Please give accurate, complete Full-time and Part time
Employment record. Start with Present or Most Recent
Employer.

May we contact Employers Listed? If not, please
indicate which ones you do not want us to contact.

___Yes ___No

Company Name	Phone
Address	
Employed From To	Supervisor
Position Title	
Reason for Leaving	
Duties and Responsibilities [Do not write "see resume"]	

___Yes ___No

Company Name	Phone
Address	
Employed From To	Supervisor
Position Title	
Reason for Leaving	
Duties and Responsibilities [Do not write "see resume"]	

___Yes ___No

Company Name	Phone
Address	
Employed From To	Supervisor
Position Title	
Reason for Leaving	
Duties and Responsibilities [Do not write "see resume"]	

___Yes ___No

Company Name	Phone
Address	
Employed From To	Supervisor
Position Title	
Reason for Leaving	
Duties and Responsibilities [Do not write "see resume"]	

___Yes ___No

Company Name	Phone
Address	
Employed From To	Supervisor
Position Title	
Reason for Leaving	
Duties and Responsibilities [Do not write "see resume"]	

___Yes ___No

Company Name	Phone
Address	
Employed From To	Supervisor
Position Title	
Reason for Leaving	
Duties and Responsibilities [Do not write "see resume"]	

School	Name and Address	Major Subject or Course of study	Degree Diploma	Scholastic Average
High School				
Trade or Technical School				
College or University Undergraduate				
College or University Graduate				

Other Special Training or Skills (Languages, Machinery Operation, Computers, etc.)

Professional Registrations, Certifications, and Affiliations

Professional References (if appropriate)

Name	Address	Telephone Number

CERTIFICATIONS

1. I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and that any misstatements, omissions or falsification of material facts will be considered cause for termination of my employment with Diablo Water District (District).
2. I understand that employment is contingent upon successful completion of a job-related physical examination.
3. I authorize the release of any information necessary to verify the statements made in this application to the Diablo Water District or its duly authorized employees or agents. The District policy is that we will not contact your present employer unless a job offer is being seriously considered, and only with your prior permission.
4. I understand that prior to extending an offer of employment the District may at its option, check my credit records.
5. I understand that employment is contingent upon my providing of my identity and legal right to work in the U.S. pursuant to Federal law, and upon signing a loyalty oath, pursuant to State Law.
6. I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Diablo Water District. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the District and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representative.

Date: _____

Applicant's Signature: _____