



Application for Employment Coastside County Water District

766 Main Street ❖ Half Moon Bay, CA 94019-1925 ❖ (650) 726-4405 ❖ Fax (650) 726-5245

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us? ☐ Advertisement ☐ Relative ☐ Inquiry ☐ Employment Agency

☐ Friend ☐ Other _____

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number(s)

Social Security Number

Best time to contact you at home is..... _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... ☐ Yes ☐ No

Have you ever filed an application with us before?..... ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before?..... ☐ Yes ☐ No

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... ☐ Yes ☐ No

Are you currently employed?..... ☐ Yes ☐ No

May we contact your present employer?..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)..... ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Are you available to work:

☐ Full-time

☐ Part-time (please indicate ☐ mornings ☐ afternoon)

☐ Temporary (please indicate dates available _____)

Are you currently on "layoff status" and subject to recall?..... ☐ Yes ☐ No

Can you travel if job requires it?..... ☐ Yes ☐ No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate/College				
Graduate/Professional				
Other (specify)				

Describe any specialize training, apprenticeship, skills and extracurricular activities.

Special Certifications/Skills

Water Treatment Certification

(circle one)

Level 1 2 3 4 5

Water Distribution Certification

(circle one)

Level 1 2 3 4 5

Heavy Equipment

☐ Backhoe

☐ Forklift

☐ Class B License

☐ Other _____

Office Skills

PC/MAC

☐ Yes ☐ No

Word Processing

☐ Yes ☐ No

Spreadsheet

☐ Yes ☐ No

Shorthand

☐ Yes ☐ No _____ wpm

Typewriter

☐ Yes ☐ No _____ wpm

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.
You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities
or other protected status.

Employer _____	Dates Employed ____/____/____ to ____/____/____	Hourly Rate/Salary Starting \$_____ Final \$_____
Address _____	Telephone Number(s) _____	Work Performed _____ _____ _____ _____
Job Title _____	Supervisor _____	
Reason for Leaving _____		

Employer _____	Dates Employed ____/____/____ to ____/____/____	Hourly Rate/Salary Starting \$_____ Final \$_____
Address _____	Telephone Number(s) _____	Work Performed _____ _____ _____ _____
Job Title _____	Supervisor _____	
Reason for Leaving _____		

Employer _____	Dates Employed ____/____/____ to ____/____/____	Hourly Rate/Salary Starting \$_____ Final \$_____
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Employer _____	Dates Employed ____/____/____ to ____/____/____	Hourly Rate/Salary Starting \$_____ Final \$_____
Address _____	Telephone Number(s) _____	Work Performed _____ _____ _____ _____
Job Title _____	Supervisor _____	
Reason for Leaving _____		

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related training, skills and qualifications acquired from employment or other experience.

State any addition information you feel may be helpful to us in considering your application:

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

REFERENCES

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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APPLICANT'S STATEMENT

- ♦ I certify that answers given herein are true and complete.
- ♦ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- ♦ This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- ♦ I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- ♦ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

Personnel Use Only

Arrange Interview ☐ Yes ☐ No
Employed ☐ Yes ☐ No
Date Employed _____

Remarks _____

Job Title _____ Hourly Rate/Salary _____ By _____ Date _____