



Application for Employment

Coastside County Water District

766 Main Street ❖ Half Moon Bay, CA 94019-1925 ❖ (650) 726-4405 ❖ jobs@coastsidewater.org

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? Ad Relative Inquiry Employment Agency Friend Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____

Telephone Number(s) Home () _____ Cell () _____

Email Address _____

Best way to contact you? Cell Phone Home Phone Between the hours of? _____ 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? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

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 ____/____/____

Are you available to work: Full-time Part-time 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
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Special Certifications/Skills

Water Treatment Certification

(circle one)

Level 1 2 3 4 5 State _____

Water Distribution Certification

(circle one)

Level 1 2 3 4 5 State _____

Heavy Equipment

- Backhoe
- Forklift
- Class B License
- Other _____

Office Skills

PC/MAC Yes No

Microsoft Office Yes No

Adobe Yes No

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	Telephone Number(s)		
Address			
Job Title	Supervisor	Dates Employed	____/____/____ to ____/____/____
Reason for Leaving			

Employer	Telephone Number(s)		
Address			
Job Title	Supervisor	Dates Employed	____/____/____ to ____/____/____
Reason for Leaving			

Employer	Telephone Number(s)		
Address			
Job Title	Supervisor	Dates Employed	____/____/____ to ____/____/____
Reason for Leaving			

Employer	Telephone Number(s)		
Address			
Job Title	Supervisor	Dates Employed	____/____/____ to ____/____/____
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 experiences.

State any additional 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 # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

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 Remarks _____
Employed Yes No
Date Employed _____

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