

SOUTHWEST REGIONAL WATER DISTRICT

Employment Application



APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address					
City		State		ZIP	
Phone		E-mail Address			
Position Applied for		Date Available			
How did you learn about the position?					
Desired Salary					
What type of schedule are you able to work?	Full-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	
Are you able to work outside normal business hours?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Are you authorized to work in the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Do you possess a valid Driver's License?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Do you possess a valid Commercial Driver's License?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

EDUCATION								
High School		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
College		Degree		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
College (Other)		Degree		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other Training, Certifications or Licenses								

REFERENCES			
Full Name		Relationship	
Employer		Phone	
Address			
Full Name		Relationship	
Employer		Phone	
Address			
Full Name		Relationship	
Employer		Phone	
Address			

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CURRENT EMPLOYMENT

Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	May we contact this employer for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason employment ended, if not presently employed			

PREVIOUS EMPLOYMENT

Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	May we contact this employer for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason employment ended, if not presently employed			

PREVIOUS EMPLOYMENT

Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	May we contact this employer for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason employment ended, if not presently employed			

DISCLAIMER AND SIGNATURE

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation that verifies my right to work in the United States on the first day of employment.

Signature	Date
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