



LAGUNA BEACH COUNTY WATER DISTRICT

Application for Employment

306 Third Street, Laguna Beach, CA 92651

www.LagunaBeachWater.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital status, veteran status or any other legally protected status. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resources. **Please complete application in its entirety.**

Position Applying For: _____ Date of Application: _____

Last Name: _____ First Name: _____

Home Address: _____
Street City State Zip

Telephone: (Home) _____ (Mobile) _____

E-mail Address: _____

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

Do any of your friends or relatives work here? (District policy prohibits the hiring of relatives) Yes No

Please list their names and your relationship: _____

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

Have you served in the United States Military services?..... Yes No

Are you legally eligible for employment in this Country? (Proof of citizenship or immigration status required upon employment) Yes No

Have you been convicted of a criminal offense within the last 7 years?..... Yes No

(Conviction may not necessarily disqualify an applicant from employment. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, state the nature of the criminal offense: _____

Date available for work? _____ What is your desired salary? _____

How did you hear about the position? Please specify: _____

EDUCATIONAL BACKGROUND

Schools Attended:

Last High School	City & State/Country	Did you graduate?		Do you have a High School Equivalency Certificate (GED)?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Colleges or Universities	City & State/Country	Major	Total Units of Credit Earned		Degree(s)	
			SEM	QTR		
Other Courses or Training	Institution	Length	Completed Satisfactorily?			
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY

Please provide at least 10 years of employment history starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. Please use additional sheets if necessary and identify each sheet with your last name.

Employer: _____ From: _____ To: _____

Address: _____ Telephone: _____

Job Title(s): _____ Earnings \$ _____ Per month

Supervisor's Name & Title: _____

Reason for leaving: _____

Summarize the nature of work performed and job responsibilities: _____

Employer: _____ From: _____ To: _____

Address: _____ Telephone: _____

Job Title(s): _____ Earnings \$ _____ Per month

Supervisor's Name & Title: _____

Reason for leaving: _____

Summarize the nature of work performed and job responsibilities: _____

Employer: _____ From: _____ To: _____

Address: _____ Telephone: _____

Job Title(s): _____ Earnings \$ _____ Per month

Supervisor's Name & Title: _____

Reason for leaving: _____

Summarize the nature of work performed and job responsibilities: _____

Employer: _____ From: _____ To: _____

Address: _____ Telephone: _____

Job Title(s): _____ Earnings \$ _____ Per month

Supervisor's Name & Title: _____

Reason for leaving: _____

Summarize the nature of work performed and job responsibilities: _____

REFERENCES

Name	Telephone	Relationship	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ADDITIONAL SKILLS & QUALIFICATIONS

Describe specialized training, including job related military service assignments, apprenticeships, skills, and extra-curricular, professional, trade, business, civic or volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release Laguna Beach County Water District ("District"), my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the District is of an "at will" nature, which means that the employee may resign at any time and the District 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 made in writing and signed by the General Manager of the District.

I understand that no representative of the District has any authority to enter into any agreement for employment or make commitments or promises, or assure any benefit terms and conditions of employment, unless such are made in writing and signed by the General Manager of the District.

I understand that employment is contingent upon successful completion of a pre-employment medical examination, including a drug screen; background check; Valid California Drivers License and proof from the Department of Motor Vehicles of a good driving record free from accidents and serious traffic violations for two (2) years, and I agree to sign release of information authorization forms.

I understand that in order to comply with the Immigration and Control Act, all offers of employment are contingent upon submission of proof of identity and work eligibility or a receipt showing application for the appropriate document within three days of hire and the required document itself within 21 days.

Signature of Applicant _____ Date _____

Completed applications are kept on file for a period of 6 months from date received.

**Return application to Laguna Beach County Water District
Attn: Human Resources
306 Third Street, Laguna Beach, CA 92651
P.O. Box 987, Laguna Beach, CA 92652
Phone: (949) 494-1041
www.lagunabeachwater.com**

Thank-you for completing this application and for your interest in employment with us.