



Position Applied for: _____

INSTRUCTIONS: Please read the employment announcement carefully to determine if you possess the necessary qualifications for the job. Complete this application clearly using ink or type. Answer all questions accurately and completely. All statements in this application are subject to verification and incorrect or incomplete statements may bar or remove you from the selection process. A separate application will be required for each position. Applications will only be accepted for open positions. Resumes will not be accepted in place of a completed application. You should respond completely to the information requested in this application, and provide all supplemental information required.

1a. LAST NAME		1b. FIRST NAME		1c. MIDDLE NAME	
2a. DAYTIME PHONE		2b. OTHER PHONE		3. EMAIL ADDRESS	
4. STREET ADDRESS					
5. CITY			6. STATE		7. ZIP CODE
8. MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS? (Be advised, if you become a finalist for the position, we must be able to contact your present employer.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
9a. DRIVER'S LICENSE NUMBER		9b. STATE WHERE ISSUED		9c. EXPIRATION DATE	
10. WERE YOU EVER TERMINATED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICES? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, explain the circumstances of each case in appropriate detail below.					
11. IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF ELIBILITY TO WORK IN THE UNITED STATES? <input type="checkbox"/> No <input type="checkbox"/> Yes					
12. INDICATE THE HIGHEST GRADE COMPLETED FROM THE DROPDOWN OR ENTER THE GRADE LEVEL. Grade Level:					
13a. NAME AND LOCATION OF HIGH SCHOOL:					
13b. IF NOT A HIGH SCHOOL GRADUATE, HAVE YOU PASSED THE GED TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. SCHOOLS ATTENDED OTHER THAN HIGH SCHOOL					
Name		Location		Credits Earned	
				Degree / Certificate Received	

15. PLEASE DESCRIBE ANY PERTINENT SKILLS YOU HAVE SUCH AS WORD PROCESSING, COMPUTER, MACHINE OR EQUIPMENT OPERATION, OR FOREIGN LANGUAGE SKILLS. ATTACH ADDITIONAL SHEETS AS NEEDED.

16. PLEASE LIST CERTIFICATES, LICENSES, OR PROFESSIONAL COMPETENCE YOU POSSESS WHICH RELATE TO THIS POSITION.

EXPERIENCE: Resumes may be provided as supplemental material, but will not be accepted or substituted for a complete application. You should respond completely to the information requested listing your most recent employment first, following in chronological order. List different positions with the same employer in different information blocks. List all experience. Applicants are encouraged to submit additional information to fully describe related experience, employment history, training and education.

17a. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY		
		\$ []/ HOUR []/ WEEK []/ MONTH		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER				
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
SUPERVISOR'S NAME		TELEPHONE NUMBER		

17b. PRIOR JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY \$ []/HOUR []/WEEK []/MONTH		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME		<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER
REASON FOR LEAVING				
MAY WE CONTACT YOUR FORMER EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUPERVISOR'S NAME		TELEPHONE NUMBER		
17c. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY \$ []/HOUR []/WEEK []/MONTH		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME		<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUPERVISOR'S NAME		TELEPHONE NUMBER		
17d. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY \$ []/HOUR []/WEEK []/MONTH		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME		<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUPERVISOR'S NAME		TELEPHONE NUMBER		

17e. CURRENT OR MOST RECENT JOB TITLE		FROM	TO	TOTAL TIME (Years)
EMPLOYED BY		SALARY \$ []/ HOUR []/ WEEK []/ MONTH		
STREET ADDRESS	CITY	STATE	ZIP CODE	
YOUR DUTIES				
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME		<input type="checkbox"/> PAID
REASON FOR LEAVING				
MAY WE CONTACT YOUR PRESENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUPERVISOR'S NAME		TELEPHONE NUMBER		
18. USE THIS SPACE OR ADDITIONAL PAGES TO PROVIDE ADDITIONAL INFORMATION AS REQUIRED BY THIS APPLICATION, OR TO DESCRIBE IN GREATER DETAIL ANY ASPECTS OF YOUR EXPERIENCE OR ACTIVITIES PERTINENT TO THE POSITION YOU ARE SEEKING				

Applicants shall be required to submit proof of eligibility to work in the United States and successfully pass a post-offer, pre-employment job related medical examination and initial/routine drug/alcohol testing. A background investigation will be conducted prior to commencing work.

CERTIFICATE OF APPLICANT: I certify that all statements made in this application and related attachments are true and complete to the best of my knowledge. I authorize and fully release Yucaipa Valley Water District from any legal liability covering the investigation of all matters contained in this application. I agree and understand that any misstatement or omission of material fact on this application or in any step of the selection process will subject me to disqualification or dismissal.

Signature: _____ Date: _____

19. PLEASE PROVIDE A MINIMUM OF FOUR PERSONAL AND WORK RELATED REFERENCES THAT THE DISTRICT CAN CONTACT UPON RECEIPT OF YOUR APPLICATION.

19a. NAME: _____ TITLE: _____

COMPANY: _____ DAYTIME PHONE NUMBER: _____

ADDRESS: _____

19b. NAME: _____ TITLE: _____

COMPANY: _____ DAYTIME PHONE NUMBER: _____

ADDRESS: _____

19c. NAME: _____ TITLE: _____

COMPANY: _____ DAYTIME PHONE NUMBER: _____

ADDRESS: _____

19d. NAME: _____ TITLE: _____

COMPANY: _____ DAYTIME PHONE NUMBER: _____

ADDRESS: _____