

Westlands Water District
An Equal Opportunity/Affirmative Action Employer



EMPLOYMENT APPLICATION

Human Resources Department
3130 N. Fresno Street, P. O. Box 6056, Fresno, CA 93703
Telephone (559) 241-6236 FAX (559) 241-6286

Human Resources Use Only		
Date Received:		
Ed. <input type="checkbox"/>	Exp. <input type="checkbox"/>	Lic. or
Eqv. <input type="checkbox"/>	Eqv. <input type="checkbox"/>	Cert <input type="checkbox"/>
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No By:		
Comments:		

INSTRUCTIONS: Completely fill out application and sign it. Please type or print in ink all required information. It is the applicant's responsibility to ensure that the application is on file in Human Resources on the final filing date. Resumes are not acceptable in lieu of an application. Late applications will be rejected. Emailed, faxed, or post marked applications are not accepted and will be rejected.

POSITION APPLYING FOR: _____

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City State Zip

Telephone: _____
Home Work Cell

Email Address: _____

DRIVER'S LICENSE NUMBER: _____ CLASS: _____ STATE: _____ EXPIRATION DATE: _____ (LIST A, B, OR C) Completion of this question is required only if the position for which you are applying requires the possession of a valid California's Driver's License.

EDUCATION AND TRAINING: Did you pass High School, pass the State High School Equivalency Exam, or do you possess a G.E.D. certificate? Yes No

Name of College or University	Major	Units Completed	Degree/Certificate

<p>CONVICTIONS AND PENALTIES: As part of the selection process, you will be instructed to complete and submit a Candidate Conviction History Questionnaire.</p>
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GENERAL INFORMATION:

Are you now or have you ever been employed with the District?
 Yes No
If yes, list date(s) and position(s):

Are you related by blood or marriage to any person(s) presently employed with the District? Yes No
If yes, list name(s) and relationship(s):

Have you ever been discharged from employment or been forced to resign? Yes No
If yes, give details:

If hired, can you provide proof of the legal right to work in United States? Yes No

Having read the job announcement which lists examples of job duties for the position, are you able to perform these duties with or without accommodation? Yes No

Have you ever worked under or been known by another name?
 Yes No
If yes, list name(s) and date(s) used:

Bilingual Skill: What language(s) do you fluently speak, read and write other than English?

Do you qualify for credits based on U.S. Military Service?
 Yes No
If yes, submission of honorable wartime service, DD214 must be received with application.

PLEASE READ CAREFULLY

1. A **resume is not acceptable** in place of completing the following.
2. Show your **present or most recent** job first.
3. Show **all employment** during the past 10 years (or more, if qualifying Experience).
4. Use a separate block for each Job Title (even those with same employer).
5. Remember your acceptance depends on the completeness and accuracy of the information that is provided on this application.

IMPORTANT: To receive appropriate credit for work experience, date of employment must include month, day, and year.

Special License, Certificate or Registration Requirements: Fill in this section only if license(s) etc., are required for this job. Include title, date issued, date expires, serial number, and which state and/or agency issued it.

Present/Most Recent Job From Month/Day/Yr. / /	To Month/Day/Yr / /	Job Title: Describe your duties fully:	Organization Name and Address: Supervisor & Phone Number: Reason for leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Hrs. Worked Weekly: Monthly Salary:			
From Month/Day/Yr. / /	To Month/Day/Yr / /	Job Title: Describe your duties fully:	Organization Name and Address: Supervisor & Phone Number: Reason for leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Hrs. Worked Weekly: Monthly Salary:			
From Month/Day/Yr. / /	To Month/Day/Yr / /	Job Title: Describe your duties fully:	Organization Name and Address: Supervisor & Phone Number: Reason for leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Hrs. Worked Weekly: Monthly Salary:			
From Month/Day/Yr. / /	To Month/Day/Yr / /	Job Title: Describe your duties fully:	Organization Name and Address: Supervisor & Phone Number: Reason for leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Hrs. Worked Weekly: Monthly Salary:			
From Month/Day/Yr. / /	To Month/Day/Yr / /	Job Title: Describe your duties fully:	Organization Name and Address: Supervisor & Phone Number: Reason for leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Hrs. Worked Weekly: Monthly Salary:			

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

From: _____ To: _____ Reason for Unemployment: _____

READ THIS STATEMENT BEFORE SIGNING

I hereby certify that the information supplied on this application is true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of information on this application may result in rejection of my application, or if I am hired, may result in my discharge from employment. Unless otherwise noted, I agreed that any of the statements I have made herein may be verified by the District, which verification may include contact with my former employers and educators.

I understand that all offers of employment are conditioned on my ability to provide proof of my identity and legal ability to work in the United States, satisfactory completion of a post-offer medical screening and possibly submission of a clean driving record.

Signature

Date

**WESTLANDS WATER DISTRICT
APPLICANT QUESTIONNAIRE**

Name: _____ Position Applying for: _____

The following information is requested to assist in implementing the District's Affirmative Action and Equal Employment Opportunity policy and state and federal requirements. Submission of this information is strictly voluntary and will NOT be retained with your application but handled separately and confidentially for statistical purposes.

Please check one:

How did you learn of this job opening?

- Newspaper Ad: _____ WWD Job Interest Card WWD Employee
Name of Publication
- Internet: _____ Trade Publication: _____
Name of Site Name of Publication
- Other – please describe: _____

Please check one:

Gender: Male Female Age: Under 40 40 or over

After reviewing the Notice of Job Opening for this position, please check one:

- I can perform the essential functions of the position without reasonable accommodations.
 I can perform the essential functions of the position with reasonable accommodations.

Please describe the type of assistance or accommodations needed: _____

Disability: A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

- I have a disability which meets the definition above.

Ethnic Affiliation:

- White (not Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (for example, China, India, Japan, Korea, the Philippine Islands, and Samoa).
- South East Asian – All persons of Hmong, Khmer (Cambodian), Lao, Thai, Vietnamese, Mien.
- American Indian or Alaskan Native – All Persons having origins in any of the original peoples of North America, and maintain cultural identification through tribal affiliation or community recognition.