INDIAN WELLS VALLEY WATER DISTRICT

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION **DATE** _____

NAME (LAST NAME, FIRST)	SOCIAL SECURITY N0. -- --
PRESENT ADDRESS	CITY, STATE, ZIP CODE
PERMANENT ADDRESS	CITY, STATE, ZIP CODE
PHONE NO. ( )	REFERRED BY

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START
ARE YOU EMPLOYED? ___ YES ___ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ YES ___ NO
EVER WORKED FOR OR APPLIED TO IWVWD BEFORE? ___ YES ___ NO	IF SO, WHEN?

Have you ever been convicted of a felony or misdemeanor? _____ If yes, please indicate year and explain (a conviction will not necessarily disqualify you from employment, but if employed, a false answer to this question may result in immediate termination). _____

_____

_____

Are you presently out on bail or out on your own recognizance pending trial? If yes, please explain the reason for the arrest and the anticipated trial date and length of trial. _____

_____

_____

Are you legally eligible to work in the United States? _____ Verification of eligbility will be required upon offer of employment.

PLEASE CHECK OR FILL IN ITEMS BELOW IN WHICH YOU HAVE HAD TRAINING OR EXPERIENCE:

Typing Speed _____	Word Processing _____	Data Entry _____
Calculator _____	Construction _____	Maintenance _____
Class A/B License _____	Heavy Equip. Operation _____	Other _____

Other _____

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EDUCATION HISTORY

DID YOU GRADUATE FROM HIGH SCHOOL? ____ YES ____ NO (Name of High School: ______________________)	IF YOU DID NOT GRADUATE, DO YOU HAVE A GED? ____ YES ____ NO
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	NO. OF UNITS COMPLETED
TYPE OF DEGREE	CITY, STATE, ZIP CODE
LIST OTHER TRAINING, COMPUTER AND SPECIAL SKILLS, OR CERTIFICATIONS THAT YOU POSESS:	

EMPLOYMENT EXPERIENCE: BEGIN WITH YOUR MOST RECENT EXPERIENCE. Give your complete employment record for the last ten years. List any earlier experience relevant to the position desired. Attach additional sheet if needed.

COMPANY NAME	TELEPHONE ( )
ADDRESS	EMPLOYED (State Month and Year) From To
NAME OF SUPERVISOR	MONTHLY SALARY Start Last
JOB TITLE	REASON FOR LEAVING

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***We may contact the employers listed above unless you indicate those you do not want us to contact.**
Do Not Contact:_____
Reason: _____

PERSONAL REFERENCES

NAME	TELEPHONE ( )
ADDRESS	LENGTH OF TIME KNOWN _____ YEARS _____ MONTHS
NAME	TELEPHONE ( )
ADDRESS	LENGTH OF TIME KNOWN _____ YEARS _____ MONTHS
NAME	TELEPHONE ( )
ADDRESS	LENGTH OF TIME KNOWN _____ YEARS _____ MONTHS

"I certify that the facts contained in this applicatoin are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand and agree that all employment with the Indian Wells Valley Water District is **AT-WILL** and that if employment is offered to me, I may terminate my employment with the District at ay time, for any or no reason and the District may terminate my employment at any time, for any or no reason. I also understand and agree that no employee or agent of the District has the authority to modify the **AT-WILL** nature of employment unless the modification is explicitly stated in writing and explicitly confirmed by the District's Board of Directors."

DATE_____ SIGNATURE_____