

Please return to:

255 Industrial Way  
Buellton, CA 93427  
(805) 688-2292  
Fax (805) 686-4700



Position Applied For:

\_\_\_\_\_

An Equal Opportunity Employer

**CENTRAL COAST WATER AUTHORITY (CCWA)  
APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS**

Please read the job bulletin to determine if you meet the requirements of the position. Print clearly using ink or a typewriter. Answer all questions completely and accurately. Include any additional information pertaining to your qualifications for the position. False statements are cause for rejection of the application, removal of name from eligibility list or dismissal from position. All information is subject to verification, including conviction records and former employers.

**NAME:**

\_\_\_\_\_

Last

First

Middle Initial

**ADDRESS:**

\_\_\_\_\_

Number

Street

\_\_\_\_\_

City

State

Zip Code

**PHONE:**

( ) \_\_\_\_\_

Daytime

**DRIVER'S LICENSE:**

\_\_\_\_\_

Number

State

( ) \_\_\_\_\_

Evening

\_\_\_\_\_

Expiration Date

Class

**E-MAIL ADDRESS:**

\_\_\_\_\_

Are you legally authorized to work in the United States Yes  No

Can you perform the basic functions of the position for which you are applying with or without reasonable accommodations? Yes  No

Would you be willing to submit to a post-offer drug test and/or medical examination? Yes  No

Are you willing to work:

Part-time	Yes	_____	No	_____
Temporary (hourly)	Yes	_____	No	_____
Nights	Yes	_____	No	_____
Weekends	Yes	_____	No	_____

**SOCIAL SECURITY NUMBER:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Providing the Social Security account number is voluntary in accordance with the Privacy Act of 1974. If, however, the Social Security account number is not included, CCWA will be unable to process your application.

**EDUCATION AND TRAINING (Add additional sheets as necessary)**

Circle highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 Masters PhD	Name & location of last grade or high school attended				Did you graduate?
Name & location of Trade or Vocational Schools/Colleges/Universities/Apprentice or Training Programs attended:	Number of Units Completed	Qtr.	Sem.	Major/Subjects	Degrees/Certificates
_____		✓	✓		
_____					
_____					

**SPECIAL SKILLS**

List other formal training programs which may be related to the type of employment you are seeking:

\_\_\_\_\_

Licenses and Certificates (State, Profession, Trade, etc.)

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

List three personal references. Please do not list family members, relatives, or previous employers.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**NOTE: A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION**

## EXPERIENCE

List all periods of employment and unemployment [you may exclude any information which would reveal any protected class status] for the last 10 years, starting with the most recent and working back. Start with present employment, including employment with CCWA. Indicate any discharge or forced resignation. Please include volunteer, military, or other special experience which applies to the position you are seeking. You must list your reason for leaving your employment. *By submitting this application, you authorize CCWA to contact the employers listed below, unless you indicate those you do not want us to contact, and you release all persons and parties from any and all liability in connection with our contacting these employers.* (Add additional sheets as necessary.)

Dates of Employment From: <u>   </u> / <u>   </u> / <u>   </u> to <u>   </u> / <u>   </u> / <u>   </u> <small>MO / DAY / YR      MO / DAY / YR</small>		Employer: _____
Salary	Hours Per Week	Address: _____
Your Job Title: _____		Your Duties: _____
Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Reason for Leaving: _____ Did you receive written performance evaluations from this employer? Yes ___ No ___

Dates of Employment From: <u>   </u> / <u>   </u> / <u>   </u> to <u>   </u> / <u>   </u> / <u>   </u> <small>MO / DAY / YR      MO / DAY / YR</small>		Employer: _____
Salary	Hours Per Week	Address: _____
Your Job Title: _____		Your Duties: _____
Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Reason for Leaving: _____ Did you receive written performance evaluations from this employer? Yes ___ No ___

**NOTE: A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION.**

<b>Dates of Employment</b> From: <u>   </u> / <u>   </u> / <u>   </u> to <u>   </u> / <u>   </u> / <u>   </u> <small>MO / DAY / YR      MO / DAY / YR</small>		Employer: _____
<b>Salary</b>	<b>Hours Per Week</b>	Address: _____
Your Job Title: _____		Your Duties: _____
Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Reason for Leaving: _____ Did you receive written performance evaluations from this employer? Yes <u>   </u> No <u>   </u>

<b>Dates of Employment</b> From: <u>   </u> / <u>   </u> / <u>   </u> to <u>   </u> / <u>   </u> / <u>   </u> <small>MO / DAY / YR      MO / DAY / YR</small>		Employer: _____
<b>Salary</b>	<b>Hours Per Week</b>	Address: _____
Your Job Title: _____		Your Duties: _____
Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Reason for Leaving: _____ Did you receive written performance evaluations from this employer? Yes <u>   </u> No <u>   </u>

<b>Dates of Employment</b> From: <u>   </u> / <u>   </u> / <u>   </u> to <u>   </u> / <u>   </u> / <u>   </u> <small>MO / DAY / YR      MO / DAY / YR</small>		Employer: _____
<b>Salary</b>	<b>Hours Per Week</b>	Address: _____
Your Job Title: _____		Your Duties: _____
Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Reason for Leaving: _____ Did you receive written performance evaluations from this employer? Yes <u>   </u> No <u>   </u>

**NOTE: A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION.**

<b>Dates of Employment</b> From: ___/___/___ to ___/___/___ <small>MO / DAY / YR      MO / DAY / YR</small>		Employer: _____
<b>Salary</b>	<b>Hours Per Week</b>	Address: _____
Your Job Title: _____		Your Duties: _____
Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Reason for Leaving: _____
		Did you receive written performance evaluations from this employer? Yes ___ No ___

Have you ever been terminated or asked to resign from any job? Yes  No   
 If yes, please explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

Do you have any relatives employed by CCWA? Yes \_\_\_ No \_\_\_

If yes, individual: \_\_\_\_\_  
Name Relationship

Have you ever been employed by CCWA? Yes \_\_\_ No \_\_\_

If yes, give dates and positions held: \_\_\_\_\_

**TRAFFIC CITATIONS**

Complete this section only if the requirements in the job bulletin include possession of a driver's license. List below all traffic citations (except parking and equipment violations) for which you were convicted or forfeited bail. Use back of page for additional space.

Violation \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Sentence/Fine \_\_\_\_\_

Violation \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Sentence/Fine \_\_\_\_\_

Violation \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Sentence/Fine \_\_\_\_\_

**CONVICTION RECORD (Required for all applicants)**

Have you ever been convicted of a crime? This includes a plea of guilty or non-contest which resulted in a criminal conviction. (Please exclude misdemeanor convictions for marijuana related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.) Yes \_\_\_ No \_\_\_

If yes, briefly describe the nature of the crime(s), the date, and place of conviction(s), and the legal disposition of the case(s):

\_\_\_\_\_

\_\_\_\_\_

CCWA will not deny employment to any applicant solely because the person has been convicted of a crime. Each case will be evaluated based on facts and merits.

Are you currently out on bail or released from custody on your own recognizance pending a trial? Yes \_\_\_\_ No \_\_\_\_  
If yes, please describe the nature of the crime(s) for which you were arrested, the date of the arrest(s), and the status of your case(s):

---

---

I further understand if I am convicted of any felony between the date below and the date I am employed, I am obligated to report the conviction to CCWA. If I fail to report a conviction, it will be considered a false statement or concealment of facts, and I may be disqualified from consideration or terminated.

I learned of this opening from an _____ Advertisement (which publication) _____ Friends <input type="checkbox"/> CCWA Recruitment Brochure <input type="checkbox"/> Other _____
--

**CERTIFICATION**

**By signing this application, I hereby agree as follows:**

**I hereby certify that the information contained in this application form is true and correct to the best of my knowledge, and agree to have any of the information verified by CCWA. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.**

**I authorize the references listed above, as well as all other individuals whom CCWA contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by CCWA or any of its agents, employees, or representatives.**

**I understand that any offer of employment is conditioned upon proof of identity, proof of legal authority to work in the United States, a satisfactory completion of my background and reference check, *and the satisfactory completion of post-offer medical examination and/or drug test.***

<b>NOTICE TO APPLICANTS: All appointments shall be subject to a minimum of 12-month probationary period. The probationer may be released at any time during this period without cause or appeal.</b>
--

---

**Signature of Applicant**

---

**Date**

---

**Printed Name of Applicant**