

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
APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Please read the job bulletin to determine if you meet the requirements for the position you applied for. Print in ink or use 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.

CONDITIONS OF EMPLOYMENT

If offered employment, this offer will be contingent on the applicant:

- submitting proof of U.S. Citizenship or legal right to remain and work in U.S.
- possibly being required to pass a physical examination which includes drug/alcohol testing

NAME:

_____ Last First Middle Initial

ADDRESS:

_____ Number Street

_____ City State Zip Code

PHONE:

() _____
Daytime

() _____
Evening

DRIVER'S LICENSE:

_____ Number State

_____ Expiration Date Class

E-MAIL ADDRESS: _____

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.)

CERTIFICATE OF APPLICANT: I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I understand that any false statements or omissions of material facts will subject me to disqualification or dismissal.

SIGNATURE: _____

DATE: _____

NOTE: A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION.

EXPERIENCE

List all periods of employment and unemployment 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. *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</small> <small>MO / DAY / YR</small>		Employer Name: _____ Your Title: _____
Salary	Hours Per Week	Your Duties: _____

Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Did you receive written performance evaluations from this employer? Yes___ No ___

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Supervisor: _____		_____
Phone: _____		_____
Do not contact this employer <input type="checkbox"/>		Did you receive written performance evaluations from this employer? Yes___ No ___

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Salary	Hours Per Week	Your Duties: _____

Supervisor: _____		_____
Phone: _____		_____

Do not contact this employer <input type="checkbox"/>		Did you receive written performance evaluations from this employer? Yes___ No ___

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Salary	Hours Per Week	Your Duties: _____

Supervisor: _____		_____
Phone: _____		_____

Do not contact this employer <input type="checkbox"/>		Did you receive written performance evaluations from this employer? Yes___ No ___

Do you need special accommodations in the selection process? Yes ___ No ___

If yes, please describe: _____

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? Yes ____ No ____

(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.)

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):

_____.

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

Offense Date Place Sentence/Fine

Offense Date Place Sentence/Fine

Offense Date Place Sentence/Fine

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.

Where did you learn of this opening?

Friends CCWA Recruitment Brochure Other _____

Advertisement (which publication)

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.