

Please return to:

255 Industrial Way
Buellton, CA 93427
Attn: Office Manager
Via email: lfw@ccwa.com
(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 driving 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.
- having satisfactorily completed a background and reference check
- possibly being required to pass a physical examination which includes drug/alcohol testing

NAME:

_____ Last First, Middle Initial e-mail address

ADDRESS:

_____ Number Street

_____ City State Zip Code

PHONE:

() _____
Daytime

() _____
Evening

DRIVER'S LICENSE:

_____ Number and State

_____ Expiration Date Class

Are you willing to work:

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

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.)

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. (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 Name: _____ Your Title: _____				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align: center; padding: 2px;">Hours Per Week</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Hours Per Week			Your Duties: _____ _____ _____ _____ _____ _____
	Hours Per Week				
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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NOTE: A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION.

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Phone: _____		
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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: _____

If the position description requires a Driver's license, please answer:

Do you have a current driver's license which is valid and not currently suspended? Yes ____ No ____

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.

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: _____