

APPLICATION FOR EMPLOYMENT

BIGHORN-DESERT VIEW WATER AGENCY
622 S. JEMEZ TRAIL, YUCCA VALLEY, CA 92284

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

(Proof of such right will be required upon employment).

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write, if use of a language other than English is relevant to the job for which you are applying			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, sexual orientation and gender identity, race, religion, origin, age, ancestry, or disability, or other legally-protected status:

REFERENCES

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

The Agency provides reasonable accommodations as required by law to qualified individuals with a disability. If you require assistance in the application process, please let the General Manager know.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, gender identity, sexual orientation, national origin, disability or other legally-protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Summarize special job-related skills and qualifications acquired from employment or other experience.

Special Skills and Qualifications

APPLICANT'S STATEMENT

I hereby authorize Bighorn-Desert View Water Agency to investigate any and all information contained in this application and do hereby authorize any and all individuals and/or entities whom Bighorn-Desert View Water Agency may contact in order to verify such information to release information pertaining to my work record, work habits, work performance, credit history, criminal history, driving record and/or other information related to my general suitability for employment by Bighorn-Desert View Water Agency. I hereby acknowledge that the above-described information may be obtained through a "consumer reporting agency" and authorize Bighorn-Desert View Water Agency to receive the above-described information, as well as "consumer reports" and/or "investigative consumer reports" for the purpose of determining my suitability for employment.

I do hereby promise and agree to hold harmless and to discharge from any and all liability any and all persons and/or entities who provide information pertaining to my work record, work habits, work performance, credit history, criminal history, driving record and/or other information related to my general suitability for employment by Bighorn-Desert View Water Agency from any and all manner of actions, claims and demands whatsoever, known or unknown, which I ever had, now have, may have or claim to have against the person who or entity which provided such information to Bighorn-Desert View Water Agency, its attorneys, agents or employees in connection with my application for employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, any employment relationship with this Agency shall be in accordance with the current Resolution establishing personnel rules for the Agency, and in compliance with applicable law.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

NOTES
