



APPLICATION FOR EMPLOYMENT

California Rural Water Association is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone	
Address (Mailing Address)	(City)	(State)	(Zip)	Cell Phone
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Or Type Of Employment Desired	Date Available to start work:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION AND TRAINING

High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <u>or</u> General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, list the highest grade completed:				
College, Business School, Military (Most recent first)				
Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English				

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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COMPUTER / SOFTWARE SKILLS (List all that apply)

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WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer:		Telephone Number:	From (Month/Year)
Address:			
Job Title:		Number Employees Supervised:	To (Month/Year)
Specific Duties:		Hours Per Week:	
		Supervisor:	
		May We Contact This Employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason For Leaving:			
Employer:		Telephone Number:	From (Month/Year)
Address:			
Job Title:		Number Employees Supervised:	To (Month/Year)
Specific Duties:		Hours Per Week:	
		Supervisor:	
		May We Contact This Employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason For Leaving:			
Employer:		Telephone Number:	From (Month/Year)
Address:			
Job Title:		Number Employees Supervised:	To (Month/Year)
Specific Duties:		Hours Per Week:	
		Supervisor:	
		May We Contact This Employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason For Leaving:			
Employer:		Telephone Number:	From (Month/Year)
Address:			
Job Title:		Number Employees Supervised:	To (Month/Year)
Specific Duties:		Hours Per Week:	
		Supervisor:	
		May We Contact This Employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason For Leaving:			

At Will Employment

The relationship between you and California Rural Water Association is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or by California Rural Water Association. No representative of California Rural Water Association has the authority to enter into any agreement contrary to the foregoing "employment at will"

relationship. You understand that your employment is "at will," and you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ **Date** _____