

Mojave Water Agency

13846 Conference Center Drive
Apple Valley, California 92307
(760) 946-7000

AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR

(EXACT JOB TITLE AS LISTED ON FLIER)

General Instructions:

1. Read job announcement thoroughly and apply **only** if you feel reasonably certain that you meet all of the requirements.
2. Answer all questions accurately and completely.
3. Complete **all sections** of application, even if a resume is included.
4. Complete a separate application for each position applied for.
5. False or incomplete statements are cause for rejection of application and, if hired, termination of employment.
6. Documents submitted with application will not be reproduced or returned.
7. Notify us promptly if you have a change of address, telephone number or employer.
8. Original signature will be required prior to the interview/testing process.

APPLICATIONS RECEIVED AFTER THE FINAL FILING DATE WILL NOT BE ACCEPTED.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Mailing Address (if different than above) _____
Street City State Zip Code

Telephone (____) _____ (____) _____
Home Business

How did you hear about this position?
Agency website: Periodical: _____ (specify) Newspaper: _____ (specify)
Jobs Available Guide: Walk-In: Other: _____
Are you legally able to work in the United States? Yes No

EDUCATION AND TRAINING

	Last High School Attended	City and State	Did you graduate?	Do you have GED?
Highest Grade Completed	<input type="text"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name and Location of College/University	Years Attended		Did you Graduate?	Title of Degree Received	Major Subjects	Units Completed	
	From Mo./Yr.	To Mo./Yr.				Sem.	Qtr.

Clerical Skills (if applicable): Typing _____ (wpm) Shorthand _____ (wpm)
Other skills you possess which would be useful in performing the essential functions of the position for which you are applying _____

List all equipment or office machines you operate related to the position for which you are applying _____

Professional Certificates, Licenses or Registrations you hold which relate to this position	State	Number	Date

PERSONAL REFERENCES -- List three references who are not relative or former employers

Name	Home Address	Telephone	Type of Business	Years Known

AGENCY USE ONLY

Qualified _____ Not Qualified _____ Incomplete _____
Experience _____
Education _____ Written Exam: Pass _____ Fail _____ No Show _____
Other _____ Other Exam: Pass _____ Fail _____ No Show _____
NOTIFIED: Date _____ By _____ Oral Board: Pass _____ Fail _____ No Show _____

EXPERIENCE

List all positions you have held in the past ten years, beginning with your present or most recent employer. If you feel that volunteer, part-time, internship, or military positions are applicable, you may list them. List each change of title or promotion within an organization separately. Resumes may be included, but **WILL NOT** be accepted in lieu of complete responses. Responses such as "See Resume" and "Unknown" are not acceptable and will disqualify your application. Explain any gaps in employment periods. If more space is needed, please use a separate sheet prepared in the same format.

CURRENT OR MOST RECENT EMPLOYER

Dates Employed	Employer	Employment
From (Mo./Yr.) _____	Firm Name _____	Job Title _____
To (Mo./Yr.) _____	Type of _____	Duties _____
Total _____	Business _____	_____
Time Yrs. _____ Mos. _____	Address _____	_____
Hours Worked Weekly _____	City, State, Zip _____	_____
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor Name _____	_____
Starting Salary _____	Title & Phone _____	_____
Ending Salary _____	_____	Reason for Leaving or Wanting to Leave _____
Number Supervised _____	_____	_____

Dates Employed	Employer	Employment
From (Mo./Yr.) _____	Firm Name _____	Job Title _____
To (Mo./Yr.) _____	Type of _____	Duties _____
Total _____	Business _____	_____
Time Yrs. _____ Mos. _____	Address _____	_____
Hours Worked Weekly _____	City, State, Zip _____	_____
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor Name _____	_____
Starting Salary _____	Title & Phone _____	_____
Ending Salary _____	_____	Reason for Leaving or Wanting to Leave _____
Number Supervised _____	_____	_____

Dates Employed	Employer	Employment
From (Mo./Yr.) _____	Firm Name _____	Job Title _____
To (Mo./Yr.) _____	Type of _____	Duties _____
Total _____	Business _____	_____
Time Yrs. _____ Mos. _____	Address _____	_____
Hours Worked Weekly _____	City, State, Zip _____	_____
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Supervisor Name _____	_____
Starting Salary _____	Title & Phone _____	_____
Ending Salary _____	_____	Reason for Leaving or Wanting to Leave _____
Number Supervised _____	_____	_____

1. Are you related to anyone currently working for Mojave Water Agency? Yes No If "Yes", please explain:
 Name Title Relationship

2. Have you ever been discharged or forced to resign from any employment? Yes No If "Yes", please explain:


3. Do you have any objection to the Agency contacting any employers listed to verify the information you included in this application?
 Yes No If "Yes", please explain:

4. Have you ever been employed under another name? Yes No If "Yes", please explain:

Other Names Used	Dates Used	Employer at Time of Use
------------------	------------	-------------------------

CERTIFICATION OF APPLICATION – READ CAREFULLY BEFORE SIGNING

I declare, under penalty of perjury, that all statements made in this application are true and complete. I hereby authorize all employers, schools, and other organizations and persons named herein to provide Mojave Water Agency with information regarding my qualifications and character. I understand and agree that any misrepresentation or omission of a material fact, or receipt of unsatisfactory references, shall be cause for rejection of my application, bar from employment, removal from Eligibility List, and/or dismissal from employment. I understand and agree that my employment with the Agency is contingent upon meeting the Agency's physical requirements, and I also agree to submit to drug and alcohol testing if an offer of employment is rendered. I understand that the Agency makes reasonable accommodations for persons with disabilities. I further agree to furnish proof of citizenship, or eligibility to legally work in the United States, as may be directed. I understand and agree that if employed by the Agency, my employment is on a probationary basis for at least twelve months, and that I may be discharged at any time therein without the right of appeal. I am aware and understand that individuals with disabilities who require accommodation in the application or testing process must provide documents from a qualified medical authority of the need for accommodation to the Agency at the time of application.

Print Full Name	 Signature (required for application to be considered)	Date Completed
-----------------	---	----------------