

# 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 |
| _____            | _____      | _____                   |
| _____            | _____      | _____                   |
  
5. As an adult, have you ever been convicted of an offense other than a minor traffic violation?  Yes  No If "Yes", please explain:  

|       |                                 |                         |                                |
|-------|---------------------------------|-------------------------|--------------------------------|
| Date  | Name and Explanation of Offense | Location (City & State) | Disposition (Fines/Punishment) |
| _____ | _____                           | _____                   | _____                          |
| _____ | _____                           | _____                   | _____                          |

**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 |
|-----------------|---|----------------|