



# EMPLOYMENT APPLICATION

FAIR OAKS WATER DISTRICT  
 10326 Fair Oaks Blvd.  
 P.O. Box 640  
 Fair Oaks, CA 95628-640  
 (916) 967-5723

## EMPLOYEE MISSION STATEMENT

**THE GOAL OF ALL FAIR OAKS WATER DISTRICT EMPLOYEES IS TO PROVIDE EXCELLENT INTERNAL AND EXTERNAL CUSTOMER SERVICE. WE WILL CONTINUALLY STRIVE TO WORK IN OUR COMMUNITY'S INTEREST, MODELING INTEGRITY, HONESTY, DEPENDABILITY, ENTHUSIASM AND PROFESSIONALISM.**

## APPLICANT NOTE AND INSTRUCTIONS:

1. In compliance with the Americans with Disabilities Act, if you have a disability and need a disability-related modification or accommodation to fill out this application form or for any phase of this employment process, please notify the person that gave you this form. Every effort will be made to accommodate your needs in a reasonable amount of time.
2. **Complete all pages on this form. (Information referred to on a resume is not acceptable)**
3. If more space is needed to complete any question, use comments section.
4. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All job applicants accepting an offer of employment shall be required, at District expense, to submit to *post-offer drug and alcohol testing*.

<b>Name</b>		<b>Date</b>
<i>(last)</i>	<i>(first)</i>	
<b>Current Address</b>		
<b>City</b>	<b>State:</b>	<b>Zip:</b>
<b>Day Phone:</b>	<b>Evening Phone:</b>	
<b>E-Mail Address:</b>		

## GENERAL INFORMATION:

1. Have you been employed here previously? Yes  No   
 If yes, please state dates employed: \_\_\_\_\_
2. Have you applied for work here before? Yes  No   
 If yes, please indicate when and what position(s): \_\_\_\_\_
3. Do you have any relative(s) working here? Yes  No   
 If yes, please state name(s): \_\_\_\_\_
4. If hired, can you present evidence or proof of your legal right to live and work in this country? Yes  No



**EDUCATION & TRAINING:**

**High School**

Name		Did you Graduate or receive Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Grade Level Completed:
City	State	Zip

**College / University**

Name		Did you Graduate or receive Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Years of College or University Completed:
City	State	Zip

**Vocational/Business**

Name		Did you Graduate or receive Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Number of Years of Training Completed:
City	State	Zip

**Other**

Name		Did you Graduate or receive Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Years Completed:
City	State	Zip

List any other scholarships, academic honors or special achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY:**

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

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**1. MOST RECENT EMPLOYER:**

Company Name:	Phone:
Address	
City	State: Zip:
Dates Employed: From	To: Position
Immediate Supervisor:	Phone:
Description of Duties	Reason for Leaving:

**2. Employer:**

Company Name:	Phone:
Address	
City	State: Zip:
Dates Employed: From	To: Position
Immediate Supervisor:	Phone:
Description of Duties	Reason for Leaving:

**3. Employer:**

Company Name:	Phone:
Address	
City	State: Zip:
Dates Employed: From	To: Position
Immediate Supervisor:	Phone:
Description of Duties	Reason for Leaving:

WE MAY CONTACT **ALL** OF THE ABOVE LISTED EMPLOYERS UNLESS YOU INDICATE **BELOW** THE EMPLOYER(S) YOU **DO NOT** WANT US TO CONTACT.

Employer: \_\_\_\_\_

Reason: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

*Please list three individuals **who are not related to you** and who have **KNOWLEDGE OF YOUR WORK PERFORMANCE** in the last three years:*

Name:	Phone:
Address	Alternate Phone:
City	State:                      Zip:
Relationship:	Years Known:

Name:	Phone:
Address	Alternate Phone:
City	State:                      Zip:
Relationship:	Years Known:

Name:	Phone:
Address	Alternate Phone:
City	State:                      Zip:
Relationship:	Years Known:

**ADDITIONAL COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION AND RELEASE:**

- I certify that I have read and understand the applicant note on the first page of this form and that the answers given by me in the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection or my application or discharge at any time during my employment.
- I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. I understand that my references and previous employers may be contacted in the investigation process. I acknowledge by my signature that **FAIR OAKS WATER DISTRICT** and **THE INDIVIDUALS AND COMPANIES** listed above are released from any and all claims, demands or liabilities arising out of or in any way related to the disclosure of the information above. I acknowledge that I have authorized **FAIR OAKS WATER DISTRICT AND THE INDIVIDUALS AND COMPANIES** listed above to release and verify such information. I have read and reviewed the foregoing release and I understand its contents.
- I understand that if employed, I will be required to abide by all District policies, standards, and regulations.
- I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this District is "at will," and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the District may terminate my employment at any time, for any reason.
- I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined workday or work week.
- I understand that by accepting an offer of employment I shall be required, at District expense, to submit to post-offer drug and alcohol testing.

\_\_\_\_\_  
**Applicant Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Fair Oaks Water District is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available person in every job. District policy prohibits unlawful discrimination based on race, color, creed, sex, religion, marital status, age, nation origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful. In compliance with the American Disabilities Act, Fair Oaks Water District will provide reasonable accommodations to qualified individuals with disabilities, and encourages both prospective employees and incumbents to discuss potential accommodations. If you have a disability and need a disability-related modification or accommodation to complete this application or at any time during the employment process, please contact the Human Resource Manager.*