



1055 Ventura Avenue
 Oak View, CA 93022
 Office 805-649-2251
 Fax 805-649-3001

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Telephone ()
	City, State, Zip				Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Social Security #
	Position Desired				
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

REFERENCES	Address	Phone Number

____ 1. I authorize investigation of all statements contained in this application form if I am considered for employment and authorize previous employers or references named to give any and all information that may or may not be on their records.

____ 2. I understand that misrepresentation or omission of the facts called for on this form, receipt of unsatisfactory references, failure to pass a physical exam, loss of driver's license, or loss of coverage of District insurance for me will be sufficient cause for termination if I shall have been employed.

____ 3. I understand and agree that I may be required to take a physical examination, including drugs and alcohol testing, at Casitas' expense, at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Casitas.

____ 4. The undersigned applicant for employment at Casitas Municipal Water District understands that the statements contained herein are submitted for the purpose of inducing Casitas to employ applicant. Applicant represents that the statements contained herein are true and complete to the best of his/her knowledge and belief. Applicant understands and agrees that any material misrepresentation or omission shall be grounds for withholding employment, or terminating employment if applicant has been employed.

____ 5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

I acknowledge by initialing the above paragraphs that I have read, understand, and agree to same.

Dated: _____ Signature: _____

POSITION APPLIED FOR _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: () Male () Female () Over Fifty

Check one of the following: (Race ethnic group)

() White () Black () Hispanic

() American Indian/Alaskan Native () Asian/Pacific Islander

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments