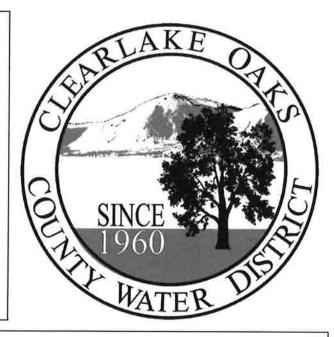
EMPLOYMENT APPLICATION

Instructions: All applications for examination must be submitted typed or in ink on this Clearlake Oaks County Water District standard application form and returned to the Human Resources Dept. or postmarked no later than the final filing date. A separate application must be submitted for each recruitment. The application form must be completed in sufficient detail to allow comprehensive review and evaluation. Acceptability for any examination is based on the information in this application. An application completed in insufficient detail, without signature or in pencil will constitute failure of the initial step of the examination process and the application will be placed in our inactive files. The application and attachment, once submitted cannot be returned. It is your responsibility to notify the Personnel Department of any change of address. Clearlake Oaks County Water District is an Equal Opportunity-Affirmative Action Employer providing equal employment opportunity to all regardless of sex, race, color, religion, ancestry, national origin, age, marital status, medical condition (cancer related), or physical handicap.



Clearlake Oaks County Water District

An Equal Opportunity Employer PO Box 709/12952 E. Highway 20, Clearlake Oaks, CA 95423

Office: 707-998-3322 Fax: 707-998-1245

1.	Title of position:	How did	you hear of this posit	:ion?	
2.	Name:				
	(Last)	(First)	(Middle)	
3.	Mailing Address:				
	Physical Address:		(City & State)		(Zip)
	(Number & Street)		(City & State)		(Zip)
4.	Telephone Number: Home/Cell:		Work:		
	May we contact you at your work number? You	es No			
5.	If hired, can you submit verification of your legal right to work in the United States? Yes No				
6.	Do you have prior military service? Yes No Branch: Dates				
7.	Are you now employed or have you ever been employed by Clearlake Oaks County Water District? Yes No If yes, indicate department, title and dates of employment:				
8.	Do you have a valid California driver's license?	res No	Class	Number	
9.	Indicate the type of position(s) you will accept:				
	Full-time permanent position (40 hours per week)				
	Part-time permanent position (less than 40 hours	per week)			
	Extra-help position (hours per week will vary)				

	Did you graduate from high school? Yes No Name of High School: If "NO", circle highest year you completed: 1 2 3 4 5 6 7 8 9 10 11 12 Major: If 'NO" did you receive a GED? Yes No No Name and Location of College or University:											
							Semester Units Completed:	Major	Minor			
							Degree or Certification Yes No Date:					
							Name and Locations of Business, Correspondence or Trade Schools:					
	Semester Units Completed:	Major	Minor									
	Degree or Certification Yes No	Date:										
	Name and Locations of Business, Correspondence or Trade Schools:											
		Semester Units Completed:	Major	Minor								
		Degree or Certification Yes No	Date:									
		Name and Locations of Business, Correspondence or Trade Schools:										
Semester Units Completed:		Major	Minor									
Degree or Certification Yes No		Date:										
If the minimum qualifications of the position for which you are applying include formal education (a high school diploma/GED), specific college course, a college degree, etc.) you must submit along with your completed application form evidence that you have such education i.e., a copy of your diploma or degree or other certification from your school. If the position for which you are applying requires a special license or certificate, you must submit with your completed application form evidence that you have such license(s) and/or certificate(s).												
11.	Do you speak any languages other than English? Yes No If yes, please list											
12.	If this position requires a specific license or certificate, please complete the following:											
	Certificate of Training Water, Wastewater, Distribution:	License or Registration No.:	Expiration Date:									
	Certificate of Training Water, Wastewater, Distribution:	License or Registration No.:	Expiration Date:									
3.	References: Give names, profession and telephone number, of three people whom we may contact, other than relatives, who have knowledge of your skills, experience and ability.											
	NAME	PROFESSSION	TELEPHONE NUMBER									

space is needed, attac	vere employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper.					
still employed, may we contact your present employer? Yes No No						
Employer's name and	ployer's name and address:					
		Phone:				
Job Title(s) and duties	performed:					
From: / Month Year	Skills:					
To: / Month Year	Number of Persons Supervised:	Type of business:				
Supervisor's Name:						
Reason for Leaving:						
Employer's name and a	address:					
		Phone:				
ob Title(s) and duties performed:						
From: / Month Year	Skills:					
To: / Month Year	Number of Persons Supervised:	Type of business:				
Supervisor's Name:						
December 1						
Reason for Leaving:						
Employer's name and a	address:					
		Phone:				
Job Title(s) and Duties	Performed:					
	Skills:					
From: /	I ONIIS.					
From: / Month Year	SKIIIS.					
	Number of Persons Supervised:	Type of business:				

15.	Have you ever been asked to resign or been fired from a position? Yes No If yes, please explain:
ADE for e	DITIONAL COMMENTS: (elaborate on why Clearlake Oaks County Water District should consider you as a candidate employment):
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_	
_	
	se attach any additional information to your application which you feel will help us in our evaluation of your qualifi ons. Before you return your application to us, please check it to make sure that it is correct and complete.
Thar	nk you for your interest in employment with Clearlake Oaks County Water District.
REA appli quali emp Conv	DITIONAL INFORMATION: DITHIS STATEMENT BEFORE SIGNING: I hereby certify that all statements made on or in connection with this ication are true to the best of my knowledge. I understand that false statements or failure to meet legal minimum fications for this position will be sufficient cause to eliminate me from the examination or dismiss me from loyment. I also understand that if I am offered employment a pre-employment medical examination, drug test, and a viction History Questionnaire will be required. I will provide Clearlake Oaks County Water District vital statistics mation as may be required.
	ature: Date:
All ap	oplicants meeting the minimum qualifications are not guaranteed advancement through any subsequent phase of the recruitment, acement on the eligibility list.