



# Employment Application

Applicants are considered without regard to race, color, religion, sex, national origin, sexual orientation, marital or veteran status, or the presence of a non job-related mental or physical disability.

**Please answer all questions. Please Print.**

**Position for which you are applying:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_  
Last First Middle

**Your Address:** \_\_\_\_\_  
Number Street City State Zip

**Telephone Numbers:**  
 Home Number: (\_\_\_\_) \_\_\_\_\_ Message Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**How did you hear about this position?** \_\_\_\_\_

**Are you a citizen of the United States or if you are not a U.S. Citizen, have you proof of the legal right to remain and work in the U.S.?**  Yes  No

**Do you have a valid California Driver's License?**  Yes  No

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Do you have any mental or physical disabilities which may affect your job performance?**  Yes  No

**Have you ever been convicted of a felony?** A yes answer will not bar you from further consideration.  Yes  No  
 (Each case will be examined on the basis of job relatedness and recency.)

If answer is yes, please explain, including all date(s): \_\_\_\_\_

**Salary Desired:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

**Do you object to:** Overtime:  Yes  No Weekend work:  Yes  No Temporary work:  Yes  No

**Education:** Highest Grade Completed (Circle) 

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

9	10	11	12
---	----	----	----

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

**Schools Attended:**

Last High School	City & State/Country	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a High School Equivalency Certificate (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges or Universities	City & State/Country	Major	Dates of Attendance From - To	Total Units of Credit Earned SEM QTR
			-	
			-	
			-	
			-	
Other Courses or Training	Institution	Length	Completed Satisfactorily? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**License or certificate obtained which relate to the position for which you are applying:**

**Employment History:** (No resumes in lieu of application)

1. List present or most recent position first.
2. Account for all time ( including military service) for at least the past 10 years.
3. Include all paid and unpaid experience which you feel qualifies you for this position.
4. If more space is needed, attach extra sheets.

**Mail to:**

Soquel Creek Water District  
P.O. Box 1550  
Capitola, CA 95010  
Attn: Human Resources Technician

Dates of Employment: (Month, Year) From:                      To:	Exact Title of your Position:	Hrs. per Week:	Earnings: \$                      per:
Name of Firm or Organization:	Address of Employer (include city and state)		Phone Number:
Type of Business or Organization:	Name and Title of Immediate Supervisor:	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reasons for Leaving:	
No. of Employees you Supervise(d):	Titles of Jobs of Those you Supervise(d):		

Duties: \_\_\_\_\_

Dates of Employment: (Month, Year) From:                      To:	Exact Title of your Position:	Hrs. per Week:	Earnings: \$                      per:
Name of Firm or Organization:	Address of Employer (include city and state)		Phone Number:
Type of Business or Organization:	Name and Title of Immediate Supervisor:	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reasons for Leaving:	
No. of Employees you Supervise(d):	Titles of Jobs of Those you Supervise(d):		

Duties: \_\_\_\_\_

Dates of Employment: (Month, Year) From:                      To:	Exact Title of your Position:	Hrs. per Week:	Earnings: \$                      per:
Name of Firm or Organization:	Address of Employer (include city and state)		Phone Number:
Type of Business or Organization:	Name and Title of Immediate Supervisor:	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reasons for Leaving:	
No. of Employees you Supervise(d):	Titles of Jobs of Those you Supervise(d):		

Duties: \_\_\_\_\_

Dates of Employment: (Month, Year) From:                      To:	Exact Title of your Position:	Hrs. per Week:	Earnings: \$                      per:
Name of Firm or Organization:	Address of Employer (include city and state)		Phone Number:
Type of Business or Organization:	Name and Title of Immediate Supervisor:	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reasons for Leaving:	
No. of Employees you Supervise(d):	Titles of Jobs of Those you Supervise(d):		

Duties: \_\_\_\_\_

**Office Skills:** Computer    Yes    No   Programs \_\_\_\_\_

Other skills \_\_\_\_\_

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee of the Soquel Creek Water District. I also agree that the District may verify past employment and educational attainments and may contact my present employer after I grant further approval. I further agree to undergo a physical examination and understand that employment is contingent upon meeting the District's physical requirements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_