



Employment Application

Soquel Creek Water District does not discriminate against any individual in any phase of the employment process, in accordance with the requirements of local, state and federal law.

Please answer all questions. Please print or complete electronically.

Position for which you are applying: _____

Name: _____
Last First Middle

Address: _____
Number/Street City State Zip

Mobile Phone: _____ **Message Phone:** _____ **Work Phone:** _____

Email: _____

How did you hear about this position? _____

Do you have a valid California's driver's license? Yes No

License Number: _____ **Type of License:** _____ **Expiration Date:** _____

Are you authorized to work in the United States? Yes No **Date Available:** _____

Education: Check Highest Grade Completed 1 2 3 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 5 6 7 8
Grade School High School College/University

Schools Attended:

Last High School	City/State/Country	Did you Graduate?	Do you have a High School Equivalency Certificate (GED)?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Colleges or Universities	City/State/Country	Major	Total Units of Credit Earned		Degree(s) include year conferred
			SEM	QTR	
Other Courses or Training	Institution	Length	Completed Satisfactorily?		Date Completed (month/year)
			<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(s) or certificate(s) held which relate to the position for which you are applying:

Employment History: (No resumés 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 or Email to:

employment@soquelcreekwater.org

Soquel Creek Water District

PO BOX 1550, Capitola, CA 95010

Attn: Human Resources

Dates of employment: <small>(Month/Year)</small>	From: _____ To: _____	Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving: _____
Name of employer:	_____		Phone: _____
Exact title of your position:	_____ Type of business: _____		
Immediate supervisor: <small>(Name/Title)</small>	_____	Address of employer: <small>(Include city/state)</small>	Hrs per week: _____
No of employees you supervised:	_____	Titles of jobs of those you supervised:	_____
Duties: _____			

Dates of employment: <small>(Month/Year)</small>	From: _____ To: _____	Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving: _____
Name of employer:	_____		Phone: _____
Exact title of your position:	_____ Type of business: _____		
Immediate supervisor: <small>(Name/Title)</small>	_____	Address of employer: <small>(Include city/state)</small>	Hrs per week: _____
No of employees you supervised:	_____	Titles of jobs of those you supervised:	_____
Duties: _____			

Dates of employment: <small>(Month/Year)</small>	From: _____ To: _____	Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving: _____
Name of employer:	_____		Phone: _____
Exact title of your position:	_____ Type of business: _____		
Immediate supervisor: <small>(Name/Title)</small>	_____	Address of employer: <small>(Include city/state)</small>	Hrs per week: _____
No of employees you supervised:	_____	Titles of jobs of those you supervised:	_____
Duties: _____			

Technology Skills *(Please list all position-related or other relevant programs/applications):***Other Skills:**

I certify that the facts contained in this application are true, complete and correct and understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired. I authorize the verification of any or all information listed above. I authorize investigation of all statements contained in my submitted application materials, and employer or affiliate references to provide any and all information concerning my previous employment and any pertinent information, and release the company from all liability for any damage that may result from release or use of such information. I recognize that if I submit this application electronically, my submission provides the same legal standing as a handwritten signature.

Signature: _____

Date: _____