



112 N 1st St. La Puente, California 91744 | (626) 330-2126 | lapuentewater.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(Please Print)

Position(s) Applying For		Date of Application
How did you learn about us? <input type="checkbox"/> Friend		<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other
Last Name	First Name	Middle Name
Street Address:		
City:	State:	Zip Code:
Telephone Number:	Cell Phone Number:	Email Address:
Driver's License Number:	Class:	Expiration Date:
Please list number of vehicular accidents in last 3 years:		Date(s):
List any other names under which you have previously worked, attended school or served in the armed forces:		
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
Some jobs require weekend, standby, call back and/or overtime work. Are you available for work on:		
Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Standby? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency "on-call" basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, what date can you start? Date:	Salary Desired \$ Per	Are you on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to or worked for La Puente Valley County Water District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Do you have any friends or relatives working for La Puente Valley County Water District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(Note: We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.)		
If yes, state name(s) and relationship/department:		
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Are you currently employed? Yes No May we contact your present employer? Yes No

Have you ever been discharged from any employment (or release during probation) or resigned under the threat of being terminated or while termination proceedings were pending? Yes No

In compliance with federal law, all persons will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe what accommodations are requested: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Applicants may be subject to passing a medical examination, and skill and agility tests.)

Education and Training

High School and Address

Did you graduate from High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you have a G.E.D. or Proficiency Certificate?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

	Undergraduate College/University	Graduate/Professional
School Name, Location and Phone Number		
Years Completed		
Course of Study / Major		
Number of Credits/Units Earned		
Degree Received		

Describe any specialized training, apprenticeships, or skills: _____

Professional Licenses or Certificates: (Include license/certification possessed, number, issuing authority, and expiration date.)

Do you have any other experience, qualifications, or skills that you feel make you especially suited for the position for which you are applying? Yes No If yes, please explain:

Please describe any skills or knowledge you have such as software programs, typing/keyboard or machine/equipment operation that relate to this position:

Heavy Equipment or Tools:

List any foreign languages you can speak, read and/or write fluently.

	Fluent	Good	Fair
Speak			
Read			
Write			

Military Service

Complete this section only if you have been a member of the Armed Forces of the United States.

Current Duty Status: Active Reserves Discharged Branch:

List experience and skills acquired while in military service which are applicable to the position for which you are applying:

Employment History

List all jobs and activities including military service, schools, part-time employment, self-employment, and related volunteer service for the past 10 years. (You may also list significant experience more than 10 years ago.) You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

Begin with your most recent work experience.

FROM month/year	TO month/year	Total Years	Title of Position
Name & Address of Employer		Specific Duties	
Supervisor Name & Phone Number		Reason for leaving or wanting to leave:	
May We Contact Your Supervisor?		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time No. Hours/Week:
<input type="checkbox"/> Yes <input type="checkbox"/> No			

FROM month/year	TO month/year	Total Years	Title of Position		
Name & Address of Employer			Specific Duties		
Supervisor Name & Phone Number			Reason for leaving or wanting to leave:		
May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time No. Hours/Week:		
FROM month/year	TO month/year	Total Years	Title of Position		
Name & Address of Employer			Specific Duties		
Supervisor Name & Phone Number			Reason for leaving or wanting to leave:		
May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time No. Hours/Week:		
FROM month/year	TO month/year	Total Years	Title of Position		
Name & Address of Employer			Specific Duties		
Supervisor Name & Phone Number			Reason for leaving or wanting to leave:		
May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time No. Hours/Week:		

References

Give names, addresses and telephone numbers of three business references that are not related to you.

Name:	Relationship:
Address:	Phone Number:
Name:	Relationship:
Address:	Phone Number:
Name:	Relationship:
Address:	Phone Number:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the La Puente Valley County Water District ("the District") is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a preemployment alcohol and drug screen and a preemployment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and hereby acknowledge that any employment relationship with the District is of an "at will" nature, which means that the employee may resign at any time and the District may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the District.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the District, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant:

Date:

Notes: