



APPLICATION FOR EMPLOYMENT

NOTICE TO JOB APPLICANTS

Rancho California Water District (RCWD) is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, color, national origin, ancestry, sex, marital status, physical or mental disability, medical condition, religious creed or political affiliation, age (over 40), gender, gender identity, gender expression, genetic information, military or veteran status or sexual orientation.

In compliance with the Immigration Reform and Control Act of 1986, Rancho California Water District requires all new employees to show proof of their identity and legal right to work in the United States. All job offers made by RCWD are contingent upon establishing proof of your legal right to work in the United States.

RCWD encourages applications from qualified individuals with disabilities as defined by the Americans with Disabilities Act and the Fair Employment and Housing Act. Individuals who will require a reasonable accommodation to take a test as part of the selection process must make such a request when submitting the application. Applicants with disabilities that affect sensory, manual or speaking skills may be provided with a test in a format that does not require the use of the impaired skill. Persons requesting reasonable accommodation will be required to provide documentation of such need.

Applicants are required to pass a drug screen, job-related physical and background investigation, including criminal history, prior to final appointment. These exams are administered by a District-selected physician at no cost to the applicant.

APPLICATION AND EMPLOYMENT REQUIREMENTS

Applications must be filed with the Human Resources office by 5:00 p.m. on the announced final date. Resumes will not be accepted in lieu of completed application form unless otherwise specified. Postmarks will not be accepted. Applications will be screened to determine whether education, experience and/or licensing requirements have been met as stated on the Employment Opportunity Bulletin. Those persons who are **MOST QUALIFIED** may be required to compete in any combination of written, oral or performance examinations. Candidates will be required to provide their own transportation for any segment of the selection process.

CERTIFICATION OF APPLICANT - READ CAREFULLY BEFORE SIGNING

If employed, will you take a loyalty Oath of Public Officers and Employees? **YES** **NO** I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the Rancho California Water District to investigate my qualifications, employment record or character through inquires to any sources mentioned in this application, unless otherwise stated.

Signature: _____ **Date:** _____

Instructions

A. Answer all questions completely and accurately.

B. Incomplete, incorrect, or false statements may be cause for rejection of your application.

Position				
Name	<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address	<i>Number, Street, Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Telephone/ Email	<i>Home</i>	<i>Work</i>	<i>Email</i>	

FOR ALL APPLICANTS

1. Can you perform the job functions listed in the job flyer with or without any reasonable accommodation? **YES** **NO**
2. Have you ever worked for the Rancho California Water District? **YES** **NO** If "YES," in what department. List position held and dates of employment below.
3. Do you have any relatives employed by the Rancho California Water District? **YES** **NO** If "YES," give name and relationship below.
4. Were you ever discharged, including discharge during probation, or have you ever been requested to resign or resigned under unfavorable circumstances from any employment? **YES** **NO** If "YES," give details below.
5. Please answer only if the announcement for the examination for which you are applying has indicated that driving is required under the minimum qualifications.
 - A. Have you ever been put on probation or has your driver's license ever been suspended or revoked? **YES** **NO** If your answer is "YES," list all offenses below giving date, location, nature, and disposition of each. (Omit any criminal history information).
 - B. Do you possess a valid California Driver's License? **YES** **NO** If "YES," enter your Driver's License Number _____
CIRCLE CLASS: A B C OTHER (List)

EDUCATION AND EXPERIENCE

Please read the requirement section on the job announcement before filling out this side.

Education	Circle the Highest Grade You Completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Graduate Passed High School Equivalency Tests	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Name and Location of College or University	Course of Study	Completed Semester Units Quarter Units	Degree

Other job related Correspondence, Trade, or Service Schools

If the position for which you are applying has specific course requirements indicated in the job announcement, list the courses of study which satisfy these requirements.

List currently valid certificates of professional or vocation competence, licenses and expiration dates, membership in professional associations which are related to the performance of this job.

NOTE: PLEASE FILL OUT EXPERIENCE INFORMATION IN FULL. DO NOT STATE "REFER TO RESUME." RCWD WILL NOT BE RESPONSIBLE FOR ANY LOSS OF RESUMES THAT ACCOMPANY THIS APPLICATION.

EXPERIENCE: Begin with your most recent experience. List all experience in the **last seven years**, including U.S. Military Service. Give details on the experience which you believe meets the entrance requirements for this position. Go back more than seven years if necessary. Also, list any **Volunteer Experience** which you believe helps you meet the requirements of the position for which you are applying. Show actual time (Number of hours/day, number hours/week) spent in such experience with "Volunteer" in the space following salary. Explain any gaps in employment.

May we contact your present employer? YES NO

Period of Employment	Job Classification and Most Important Duties Performed If Applicable, use Civil Service Classification	Name, Address, and Phone Number of Employer(s)
From ____/____/____ To ____/____/____ Total ____ Yr. ____ Mo. Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week: _____	Current classification / position: Duties:	Reason For Leaving:
From ____/____/____ To ____/____/____ Total ____ Yr. ____ Mo. Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week: _____	Current classification / position: Duties:	Name, Address, and Phone Number of Employer(s) Reason For Leaving:
From ____/____/____ To ____/____/____ Total ____ Yr. ____ Mo. Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week: _____	Current classification / position: Duties:	Name, Address, and Phone Number of Employer(s) Reason For Leaving:
From ____/____/____ To ____/____/____ Total ____ Yr. ____ Mo. Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week: _____	Current classification / position: Duties:	Name, Address, and Phone Number of Employer(s) Reason For Leaving:
From ____/____/____ To ____/____/____ Total ____ Yr. ____ Mo. Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week: _____	Current classification / position: Duties:	Name, Address, and Phone Number of Employer(s) Reason For Leaving:

Applicant's Certification, Authorization and Release of Liabilities

I, _____, hereby declare as follows,

In connection with my application for employment with Rancho California Water District (RCWD), I understand a background check that may contain public record information may be requested and obtained by Rancho California Water District. Information gathered may include, but is not limited to any information relating to my character, reputation, personal characteristics, past work experience, driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal history, educational background and any other information about me which may reflect upon my potential for employment. I understand this information may be gathered from any individual, organization, entity, state and other agencies, or other sources that may have data or knowledge concerning such items of information. Medical and workers' compensation information will only be requested in compliance with Americans with Disabilities Act (ADA) and/or other applicable state laws.

WITHOUT RESERVATION, I AUTHORIZE ANY PERSON, COMPANY, PHYSICIAN, HOSPITAL, FIRM, SCHOOL OR AGENCY CONTACTED BY RANCHO CALIFORNIA WATER DISTRICT AND OTHER DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND ATTORNEYS THEREOF, AND ANY SOURCE OR ENTITY RELEASING OR PROVIDING INFORMATION OR DATA AND MAKING STATEMENTS OF OPINION ABOUT ME TO RANCHO CALIFORNIA WATER DISTRICT.

I acknowledge and agree that this release applies to all claims for injuries, damages, or losses, whether known or unknown, foreseen or unforeseen, and I hereby waive application of California Civil Code Section 1542, which provides as follows:

A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which, if known by him must have materially affected his settlement with the debtor.

I understand and acknowledge that the significance and consequence of this waiver of California Civil Code Section 1542 is that even if I should eventually suffer damages as a result of the activities described in the Certification, Authorization, and Release, I will not be able to make any claim for those damages.

I further agree to provide records and information that may be requested of by RCWD in connection with this background investigation, including but not limited to: employment records in my possession to support previous work history; substantiation of prior and current compensation; such other records as may be necessary.

I also certify that all representation made by me, and all information provided to RCWD are true to the best of my knowledge. I understand that misrepresentation of facts, omissions and/or providing false information will exclude me from future consideration as an applicant, and may result in termination of my employment with RCWD if I am hired by RCWD before discovery of the misrepresentation or falsity of the documents or information.

The information obtained by this background investigation will be to verify data provided by me through the application process and I will be provided a copy of the results.

I understand that this Certification, Authorization and Release is not an offer of employment by RCWD or a contract for employment with RCWD. I further understand RCWD operates under an AT-WILL EMPLOYMENT POLICY for introductory and temporary employees and this Certification, Authorization and Release does not alter or affect that policy in any manner whatsoever.

I understand and agree to take a pre-placement medical examination through the District's physician, at District expense, if I am considered for employment. Employment in certain job classifications requires conducting a drug and alcohol test ("drug test"). Hiring decisions may be based on the results of this drug test. Failure to submit to this drug test absent prior arrangement with the District and the designated professional performing the drug test, will result in denial of the application for employment. I further agree to sign a release authorizing the physician/professional performing the drug test to release the results (positive/negative reading) of said drug test to the Rancho California Water District. If accepted for employment, I understand I must submit verification of my legal identity and right to work in the United States.

In addition to the drug test and/or job related physical, the District has authorization to obtain summary criminal information in accordance with Penal Code Sections 11105(b) and 13300(b) after a conditional offer of employment and prior to final appointment. I understand all applicants are required to be finger-printed by local law enforcement, at no cost to the applicant, prior to final appointment. A criminal record does not constitute an automatic ban to employment, but it will be considered in terms of the work to be performed.

The District requires safe drivers. The District participates in the DMV's Driver Record Information Service, which automatically notifies it of all events connected with an employee's driver's license. If offered conditional employment, I understand I must supply the District with an original, current (no more than two weeks prior to the date of conditional offer) driving record from the DMV.

I understand that this application form must be filled out completely to be considered. Applications will only be accepted for posted openings. Unsolicited applications will not be accepted.

I ACKNOWLEDGE THAT A FACSIMILE OR PHOTOGRAPHIC COPY OF THIS SIGNED STATEMENT SHALL BE AS VALID AS THE ORIGINAL.

Applicant's Signature

Print Name

Date _____

E.E.O. APPLICANT IDENTIFICATION FORM

In order to comply with state and federal law regarding applicant flow data and affirmative action obligations, Rancho California Water District requests the following information.

Completion of this form is voluntary, and information contained on it shall be used solely for statistical purposes. This form will not be made available to any decision-making individual involved in the hiring process, and will be kept in a separate file. Information on this form, or a decision not to complete this form, will not be considered in any employment decision.

I AGREE TO PROVIDE THE REQUESTED INFORMATION AS FOLLOWS:

Your Name: _____

Position You Are Applying For: _____

Date: _____

RACE/ETHNIC IDENTIFICATION - Please check one:

_____ Caucasian

_____ Asian Pacific Islander (Far East, Southeast Asia, Indian, Sun-continent or Pacific Islands).

_____ Black

_____ Hispanic (Spanish, Mexican, Puerto Rican, Cuban, Central, or South American).

_____ American Indian/Alaskan Native

SEX - Please check one:

Female

Male

PHYSICAL DISABILITY - Please check one:

Yes, I am disabled.

No, I am not disabled.

If yes, how may we accommodate any limitations you may have?

MILITARY STATUS: Please check one if applicable:

Vietnam Era Veteran (between 8/5/64 and 5/7/75).

Disabled Veteran: If so, how may we accommodate any limitations you may have.

_____ I DO NOT WISH TO PROVIDE THE ABOVE INFORMATION.