



# EMPLOYMENT APPLICATION FOR ORANGE COUNTY WATER DISTRICT

*Mailing Address*  
P.O. BOX 8300  
Fountain Valley, CA 92728-8300  
Switchboard: (714) 378-3200

*Physical Address*  
18700 Ward Street  
Fountain Valley, CA 92708

Office Use Only

INSTRUCTIONS: Please read the job announcement to determine if you possess the qualifications for the job. Applications will be accepted until the end of the posted period. Applications not received by the close of the recruitment will not be considered; therefore, prompt submission is encouraged.

PRINT IN INK OR TYPE. Answer all questions completely and accurately even if you are attaching a resume. All statements in your application are subject to verification and incorrect or incomplete statements may bar you from employment.

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
Exact title of position

Available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Day Shift \_\_\_\_\_ Evening Shift \_\_\_\_\_ Night Shift \_\_\_\_\_  
Date available for work: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle Initial Driver's License No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City/State Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How did you hear about the opening? Please check applicable choice(s):  
\_\_\_\_\_ Newspaper \_\_\_\_\_ Employee \_\_\_\_\_ Agency \_\_\_\_\_ Walk-in \_\_\_\_\_ College \_\_\_\_\_ Other  
Please provide specific source used: \_\_\_\_\_

	YES	NO	NA
Can you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
If hired, can you show proof that you are over the age of eighteen?	<input type="checkbox"/>	<input type="checkbox"/>	
If under eighteen, can you, after employment, submit a work permit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical condition or handicap, which may limit your ability to perform the job applied for?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you perform the essential function of the position with or without reasonable accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted or plead guilty to any felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	

You do not have to disclose diversions for which you were sent to pretrial or post-trial diversion programs and you do not have to list marijuana possession, drug paraphernalia and being "under the influence" convictions unless they occurred within the last two years. (A conviction will not automatically eliminate you from consideration.)

If yes, explain \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

List work experience for the past 10 years beginning with your present or most recent job.

Name of Employer: _____	Address: _____
Type of Business: _____	Department: _____
Your Title: _____	Name/Title of Supervisor: _____
Reason for leaving: _____	_____
_____	Telephone No.: _____
_____	Dates of Employment: From _____ To _____
Job Responsibilities: _____	Hours per week: _____
_____	Starting Salary: _____ per _____
_____	Ending Salary: _____ per _____
_____	_____
May we contact this employer? _____ If not, give reason: _____	

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_____	Ending Salary: _____ per _____
_____	_____
May we contact this employer? _____ If not, give reason: _____	

Explain any gaps in your employment of more than one month. (As set forth on the previous page.)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated (other than a layoff) or asked to resign from any job?  Yes  No. If yes, please explain circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKILLS, QUALIFICATIONS, CERTIFICATES AND LICENSES**

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the District in the position for which you have applied. Please also include verification that you have any certifications of licenses required for the position for which you have applied.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF APPLICABLE**

**Clerical Skills:** Typing: \_\_\_\_\_ wpm Switchboard Experience:  Yes  No Type of SB: \_\_\_\_\_

**Computer Skills** (circle all that apply):

Microsoft Word: BEG INT ADV

Microsoft Excel: BEG INT ADV

Microsoft PowerPoint: BEG INT ADV

**Hardware:**

**Software:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instruments/Equipment or Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name & Location	No. of Years Completed	Graduation Date	Graduated Yes/No	Major/ Degree
High School:		X		
City, State:		X		
College:				
City, State:				
Other:				
City, State:				

**MISCELLANEOUS**

Do you have a valid driver's license?

Yes

No

\_\_\_\_\_ *License No.*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Expiration Date*

Have you been cited for a traffic violation of any kind within the last FIVE years?

Yes

No

If yes, please give date and details: \_\_\_\_\_

Please list job-related organizations, clubs, professional societies, or other associations to which you belong – You may omit those, which indicate your race, religious creed, color, national origin, ancestry, sex, age, disability, or sexual orientation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List name, address and telephone number of three references who are not related to you.

Name, Address

Phone No., Relation, Years Known

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

*It is the policy of the Orange County Water District to recruit, hire and promote for all job classifications without regard to race, religion, creed, color, national origin, sex, age, marital or veteran status, ancestry, disability, or sexual orientation.*

By checking this box I authorize Orange County Water District to make such investigations and inquiries of my employment or medical history and other related matters as may be necessary in arriving at an employment decision. I certify that the information given hereon is true. I understand that falsification of this record is cause for immediate dismissal. It is also understood that upon hire, I will be required to furnish additional information as requested by the District. I understand that an offer of employment may be contingent on passing a physical examination from a medical doctor of the District's choice, at the District's expense, to ascertain my physical ability to perform the position applied for.

\_\_\_\_\_  
APPLICANT'S SIGNATURE (OR CHECK BOX AND TYPE NAME IF SUBMITTING ONLINE)

\_\_\_\_\_  
DATE

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, creed, sex, national origin, age, marital or veteran status, ancestry, sexual orientation, medical condition or disability.

As employers, we comply with equal employment regulations.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

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

Position Applied for: \_\_\_\_\_

Referral Source:      Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Walk-in \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
          Last                              First                              Middle Initial

Address: \_\_\_\_\_  
          Number                              Street                              City                              State                              Zip Code

### SURVEY

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis only. Submission of information is voluntary. No employment decisions will be made based on any information you provide in the survey.

Check one:

Female \_\_\_\_\_ Male \_\_\_\_\_

Check one:

American Indian/Alaskan Native

Asian/ Pacific Islander

Black

Hispanic

White

Other

Check if any of the following apply:

Disabled Veteran

Vietnam Era Veteran

Disabled