



EMPLOYMENT APPLICATION

...the Castaic Lake Water Agency is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, age, national origin, or disability.

27234 Bouquet Canyon Road, Santa Clarita, CA 91350
(661) 297-1600

NAME: _____

POSITION APPLYING FOR: _____

INSTRUCTIONS: Please type or print clearly. The information being requested in this application is confidential and will be used solely for the purpose of evaluating the applicant for employment at Castaic Lake Water Agency. Failure to provide the requested information in full may result in the applicant not being considered for employment.

| | | | | | |
|----------------------------------|------------|-------|---------------|-----|--|
| Last Name | | First | Middle | | |
| Mailing Address: Number | Street | City | State | Zip | |
| How we may reach you: Home Phone | Work Phone | | Email Address | | |

EDUCATION:

Indicate highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Indicate highest college year completed: 1 2 3 4 Post Graduate: 1 2 3 4

| Names of Schools Attended | Location (City/State) | Major | Type of Degree Earned |
|-------------------------------|-----------------------|-------|-----------------------|
| High School | | | |
| Community College | | | |
| College or University | | | |
| Graduate | | | |
| Vocational, Trade or Business | | | |

Additional school courses, training, or other qualifications pertinent to this position:

EXPERIENCE: Please provide your present and past employment record during the past 10 years, beginning with your most recent position. Please provide any other prior experience related to the duties of the position for which you are applying. Attach additional sheets if necessary. A resume does not substitute for completion of this section. Please fill in this section completely.

| | |
|--|---|
| EMPLOYER (Include Address, Phone #) | JOB TITLE |
| | BRIEF JOB DESCRIPTION OF DUTIES |
| DATES: FROM | |
| TO | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Average hours per week |
| SALARY \$ per | REASON FOR LEAVING |
| EMPLOYER (Include address & phone #) | JOB TITLE |
| | BRIEF JOB DESCRIPTION OF DUTIES |
| DATES: FROM | |
| TO | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Average hours per week |
| SALARY \$ per | REASON FOR LEAVING |
| EMPLOYER (Include address & phone #) | JOB TITLE |
| | BRIEF JOB DESCRIPTION OF DUTIES |
| DATES: FROM | |
| TO | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Average hours per week |
| SALARY \$ per | REASON FOR LEAVING |
| EMPLOYER (Include address & phone #) | JOB TITLE |
| | BRIEF JOB DESCRIPTION OF DUTIES |
| DATES: FROM | |
| TO | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Average hours per week |
| SALARY \$ per | REASON FOR LEAVING |

ADDITIONAL INFORMATION: Please provide any additional information you wish describing your qualifications or interests pertinent to the position for which you are applying. Please attach any relevant supplemental documents which further describe your qualifications such as professional or vocational certificates.

Please circle appropriate response

- | | | | |
|----|--|-----|----|
| 1. | As an adult , have you ever been convicted of a crime (excluding minor traffic infractions not punishable by jail or imprisonment), fined, placed on probation, or given a suspended sentence in any court of law or military court? Do not include juvenile offenses if record has been subsequently sealed by court order. | YES | NO |
| 2. | May we contact the employers previously listed? (If not, indicate below which one(s) you do not wish us to contact.) | YES | NO |
| 3. | Are you authorized to work in the United States? | YES | NO |
| 4. | Are you related by blood or marriage to anyone currently employed by CLWA? If so, please state the employee's name and their relationship to you. | YES | NO |

Explanation

Applicants offered employment by CLWA must show acceptable proof of the legal right to work in the United States and positive identification.

APPLICANT CERTIFIES: All statements in this application are true and correct to the best of my knowledge and belief. I understand that false or misleading answers are cause for rejection of this application or dismissal from employment.

I authorize employers, schools, law enforcement agencies, and other individuals and organizations named in this application to provide candid and full information regarding my work record, job performance, character, ability, and fitness to authorized employees of CLWA. I understand that the information may be positive, negative, confidential, and/or privileged in nature and may be used by CLWA in any phase of the employment process. I release current and previous employers, schools, law enforcement agencies, individuals, organizations, and CLWA and its employees/representatives from any liability and/or damages which may result from the release, receipt, or use of requested information.

Date: _____ Applicant's Signature: _____

VOLUNTARY STATISTICAL INFORMATION

The Castaic Lake Water Agency (CLWA) is an equal opportunity employer. To demonstrate our commitment to, and compliance with the law, CLWA periodically reports statistical information about applicants and employees to the government.

Completion of this form is voluntary; it is not required as part of your application, however we would appreciate your participation. This form will be separated from your application prior to your application being evaluated. The information you provide will be used only for compiling statistical information. The information provided on this form will be kept strictly confidential and will not be used in any way to make an employment decision.

POSITION APPLIED FOR _____

GENDER

Female Male

AGE GROUP

Under 40 years Over 40 years

RACE/ETHNICITY

The U.S. Census categories below are designed to identify basic racial and national origin. If you are of mixed racial/national origin, check the category with which you most closely identify. Please check only ONE category.

- | | |
|--|--|
| <p><input type="checkbox"/> White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.</p> <p><input type="checkbox"/> Black (not of Hispanic origin): All persons having origins in any of the black racial groups.</p> <p><input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Asian or Pacific Islander: All person having origins in any of the original peoples of the Far East, Southeast Asia, or Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.</p> | <p><input type="checkbox"/> American Indian or Alaska Native: All persons having origins in any of the original peoples of North America.</p> <p><input type="checkbox"/> Other: Includes all persons who do not identify with the five racial groups above.</p> |
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