



Regional Water Resource Agency

An Equal Opportunity Employer

Application of Employment

It is the policy of the Regional Water Resource Agency to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital, smoker, genetics, or veteran status, the presence of non-job related disability, or any other legally protected status.

Position Applied For (list the specific job title as advertised) <p style="text-align: center; font-weight: bold; font-size: 1.2em;">TREATMENT PLANT OPERATOR</p>	Date of Application
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NOTE: If you are applying for more than one position, you must complete a separate application for each.

How Did You Learn About this Position?		
<input type="checkbox"/> Messenger-Inquirer	<input type="checkbox"/> Internet	<input type="checkbox"/> RWRA Web Page
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other Newspaper _____
<input type="checkbox"/> Placement Office (list school) _____		

Last Name	First Name	Middle Name
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Current Address	Number	Street	City	County	State	Zip Code
How long have you lived at your current address? From (mo) _____/(yr) _____ To (mo) _____/(yr) _____						

Telephone Number(s)	Email Address
Day _____ Evening _____	

Previous Address	Number	Street	City	County	State	Zip Code
How long did you live at your previous address? From (mo) _____/(yr) _____ To (mo) _____/(yr) _____						

JOB INTEREST

Wage or Salary Desired \$ _____ Per Hour or \$ _____ Per Year
Date Available for Employment _____ Are you currently employed? Yes _____ No _____ (Check One)
Were You Ever Employed by the RWRA? Yes _____ No _____ Employed From (mo) _____/(yr) _____ To (mo) _____/(yr) _____

EDUCATION AND TRAINING

	School Name	School Location	Years Completed	Did you graduate?	GPA/Class Standing	Degree/Major
High School						
College						
Graduate School						
Business School						
Vocational/Technical School						

SPECIAL SKILLS AND QUALIFICATIONS

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

List other training, achievements, honors, skills, licenses, registrations, or certifications:

EMPLOYMENT HISTORY

Start with your present or last job. List all employers. If adequate room is not provided, attach another sheet. It is suggested you submit a resume with your application to provide further detail of your experience.

1 Employer _____
Address _____
Phone Number _____
Job Title _____
Primary Duties _____

Department _____
Supervisor _____
Reason for leaving _____

Dates Worked:
From (mo)_____/ (yr)_____/ To (mo)_____/ (yr)_____
Salary Starting: \$ _____ per _____
Final Salary: \$ _____ per _____
May we contact this employer? Yes _____ No _____

2 Employer _____
Address _____
Phone Number _____
Job Title _____
Primary Duties _____

Department _____
Supervisor _____
Reason for leaving _____

Dates Worked:
From (mo)_____/ (yr)_____/ To (mo)_____/ (yr)_____
Salary Starting: \$ _____ per _____
Final Salary: \$ _____ per _____
May we contact this employer? Yes _____ No _____

3 Employer _____
Address _____
Phone Number _____
Job Title _____
Primary Duties _____

Department _____
Supervisor _____
Reason for leaving _____

Dates Worked:
From (mo)_____/ (yr)_____/ To (mo)_____/ (yr)_____
Salary Starting: \$ _____ per _____
Final Salary: \$ _____ per _____
May we contact this employer? Yes _____ No _____

4 Employer _____
Address _____
Phone Number _____
Job Title _____
Primary Duties _____

Department _____
Supervisor _____
Reason for leaving _____

Dates Worked:
From (mo)_____/ (yr)_____/ To (mo)_____/ (yr)_____
Salary Starting: \$ _____ per _____
Final Salary: \$ _____ per _____
May we contact this employer? Yes _____ No _____

MILITARY

Have you served in the military? Yes _____ No _____ If yes, Branch of Service: _____

Dates of Service: From _____ To _____

What were your primary duties? _____

Did you have any job-related training in the military? Yes _____ No _____

If yes, please describe type of training: _____

REFERENCES

Give three references who are not related to you and are not previous employers.

	Name	Address	Daytime Phone	Evening Phone	Years Known
1					
2					
3					

Do you have any relatives presently employed by the Regional Water Resource Agency? Yes _____ No _____

If Yes, please list their names, department, and relationship to you.

DRIVERS LICENSE

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

If yes, Name of State _____ License # _____

Do you have a valid Commercial Driver's License? Yes _____ No _____

If yes, Class/Endorsement _____ When does your medical examiner's certificate expire? _____

OTHER PERTINENT INFORMATION

Are you able to perform the essential duties and responsibilities of the position for which you are applying with or without accommodation?

Yes _____ No _____

Are you age 18 or older? Yes _____ No _____

Have you, since the age of 18, ever been convicted of a felony or misdemeanor?
(Conviction does not necessarily mean you will be removed from further consideration)

Yes _____ No _____

If yes, please give dates and an explanation:

Can you provide documentation verifying you are legally eligible for employment in the U.S.? Yes _____ No _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work history and education record? Yes _____ No _____

Please Specify: _____

Please read this carefully before signing:

I understand that the Regional Water Resource Agency (RWRA) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the RWRA to investigate my past employment, driving history, criminal history, education credentials, and other employment-related activities. I agree to cooperate in such investigations and authorize and release those parties supplying such information to RWRA from all liability or responsibility with respect to information supplied.

I agree to submit to and satisfactorily complete the following post-offer, pre-employment examinations/evaluations, when required, and understand that such requirements will be conducted by a qualified party of the RWRA's choosing: drug screen, alcohol test, physical examination, physical agility examination, and any other necessary examination or evaluation. I also agree to submit to reexaminations or reevaluations when required. I authorize the release of any medical information to the RWRA. I understand and acknowledge that I will forever release and hold harmless from any and all liability the RWRA or and party(ies) for injuries or illness which result from the physical examination, physical agility test, or any other requirement of the employment process. I hereby release liability, relinquish, and waive any and all claims against the RWRA or any other involved party(ies) and will hold such harmless and will file not suit against the RWRA or any other involved party(ies).

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood 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 this organization.

I understand, if accepted for employment, that this application does not constitute an employment contract, express or implied, nor a guarantee of continued employment.

I agree with the RWRA to accept the provisions of the Worker's Compensation Laws.

To the best of my knowledge, the statements contained herein are true and correct. I understand that false statements made by me on this application, or any supplement thereto or in connection with the above-mentioned investigations will be grounds for immediate dismissal, if I am employed.

I acknowledge that I have read and fully understand the contents and requirements of the job application document, and that I have knowingly, intelligently, and voluntarily executed same.

By checking the above and submitting electronically, you are agreeing to the conditions of this application for employment, therefore the below signature is not required for electronic submission if above box is checked.

Signature of Applicant

Date