

APPLICATION FOR EMPLOYMENT

STOCKTON EAST WATER DISTRICT
6767 EAST MAIN STREET, STOCKTON CA 95215-1527
P O BOX 5157, STOCKTON CA 95205-0157
PHONE: (209)948-0333 FAX: (209)948-0423
WEBSITE: WWW.SEWD.NET



Stockton East Water District is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, creed, sex, national origin, marital, military and veteran status, age, non-job-related physical or mental disability, medical condition or any other legally protected status.

(PLEASE PRINT OR TYPE)

Title of Position Applied For:	Date of Application:
How did you hear about this employment opportunity?:	

PERSONAL INFORMATION:

Last Name:	First Name:	Middle Name:		
Address:	Street:	City:	State:	Zip:
Telephone Number(s):	Day:	Evening:	Mobile:	
Email:				

YES **NO**

Do you need reasonable accommodations to take an interview or written test?

Are you a US Citizen or are you legally authorized to work in the US?

If employed and you are under age 18, can you furnish a work permit?

May we contact your present employer?

Have you ever filed an application with us before?

Have you ever been employed with us before?

Are you currently available for work?

Full Time Part Time Temporary

Can you travel if the job requires it?

Salary Desired (Annual)? \$ _____

EDUCATION AND TRAINING

Did you graduate from High School? If not, do you possess a GED or equivalent?

YES NO
 YES NO

LIST BELOW UNIVERSITY OR COLLEGE NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOLS: *(List most recent first.)*

NAME/LOCATION	COURSE OF STUDY	UNITS COMPLETED	DIPLOMA/DEGREE OR CERTIFICATE

INDICATE ANY LANGUAGES, OTHER THAN ENGLISH, THAT YOU CAN SPEAK, READ AND/OR WRITE:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

LIST BELOW ANY LICENSES AND CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS: *(You may exclude memberships which would reveal race, color, religion, creed, sex, national origin, marital or veteran status, age, non-job-related physical or mental disability, medical condition or any other legally protected status.)*

LIST BELOW SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM TRAINING, EMPLOYMENT OR OTHER EXPERIENCE:

LIST BELOW ANY TRAINING IN THE U.S. MILITARY SERVICE WHICH IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities only. All other information in this section must be completed.

Name of Present or Last Employer: _____		
Address: _____		Phone Number: _____
Job Title: _____		Supervisor's Name: _____
From: _____ Month Day Year	To: _____ Month Day Year	Hours Per Week: _____
		Current/Ending Salary: \$ _____
Duties/Responsibilities: _____		
Reason For Leaving: _____		

Name of Employer: _____		
Address: _____		Phone Number: _____
Job Title: _____		Supervisor's Name: _____
From: _____ Month Day Year	To: _____ Month Day Year	Hours Per Week: _____
		Current/Ending Salary: \$ _____
Duties/Responsibilities: _____		
Reason For Leaving: _____		

Name of Employer: _____		
Address: _____		Phone Number: _____
Job Title: _____		Supervisor's Name: _____
From: _____ Month Day Year	To: _____ Month Day Year	Hours Per Week: _____
		Current/Ending Salary: \$ _____
Duties/Responsibilities: _____		
Reason For Leaving: _____		

REFERENCES

Please list at least three references of individuals who have knowledge of your work experience: *(do not include relatives)*

NAME	ADDRESS	PHONE

APPLICANT'S STATEMENT

I hereby certify that all statements given herein are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. If requested, I can and will supply documentation which will confirm the entries made on this application are true and correct. 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 hereby acknowledge that any employment relationship with the Stockton East Water District is "employment at will", which means that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this "employment at will" relationship can not be changed verbally or in writing, unless such change is specifically authorized in writing by the General Manager of the Stockton East Water District. I also understand this application is not a contract of employment.

Signature of Applicant

Date