



# Education

	High School/GED	Undergraduate College/University*	Graduate/Professional College/University*
School Name, Location and Phone Number			
Name of Diploma/Degree received			
Describe Course of Study			
Describe any honors you have received			

\*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:*

Describe any specialized training, apprenticeship, skills and extra curricular activities.

State any additional information you feel may be helpful to us in considering your application.

# Employment Experience

Include at least 10 years of employment history beginning with your most recent employer. Explain any gaps in employment. Also include employer contact information, salary information, and reason for leaving each job. Your application will be rejected if you fail to provide this information.

<b>1.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Pay Rate		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
<b>2.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Pay Rate		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
<b>3.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Pay Rate		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
<b>4.</b>	Employer	Dates Employed		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	Pay Rate		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above? \_\_\_\_\_ If no, indicate by number which one(s) you do not wish us to contact: \_\_\_\_\_

Have you ever been discharged?      Yes      No

If so, please explain: \_\_\_\_\_

# References

---

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

	<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

Do you have the physical and mental abilities to perform the tasks required of the position, with or without accommodation? Please review Classification Statement.      Yes      No

*(If accommodation is necessary, please describe below)*

# Applicant's Agreement

---

I certify that answers given herein are true and complete to the best of my knowledge.

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 acknowledge that the policy of the District is such that the existence of a criminal conviction will not necessarily disqualify me from employment.

I understand that a physical examination (including drug and alcohol testing) from a medical physician of the District's choice, at the District's expense, is a part of the application process for employment with the District, and that a hiring decision may be based on the results of the physical examination (including drug and alcohol testing). I further authorize the physician or testing facility to release all test results conducted as part of the physical examination and other relevant medical information to the District. I understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment. It is also understood that, upon hire, I will be required to furnish additional information as requested by the District.

I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Moulton Niguel Water District.

**NOTES:**

Signature of Applicant: \_\_\_\_\_

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