



## Valley of the Moon Water District

19039 Bay Street  
P.O. Box 280, El Verano, CA 95433  
(707) 996-1037

### Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

**Please type or use blue or black ink. Complete each section carefully.**  
**Applications that are incomplete or difficult to read will not be considered.**  
**Do not write "see resume" as a response to any question on this application.**

Position(s) Applied For		Date			
How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Number(s):			Email Address:		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before? If yes, give date:

☐ Yes ☐ No

Have you ever been employed with us before? If yes, give dates:

☐ Yes ☐ No

Do you have any relatives who work for VOMWD?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Do you have a valid California Driver's License? Lic. No: \_\_\_\_\_

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

☐ Yes ☐ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Are you presently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Are you physically or otherwise unable to perform the duties of the position for which you are applying?

☐ Yes ☐ No

**- THE VALLEY OF THE MOON WATER DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER -**

# Education

	High School				Undergraduate College/University			
School name and location								
Years Completed	9	10	11	12	1	2	3	4
Degree Earned								
Describe course of study								
Describe any specialized training, licenses, skills and extracurricular activities								
Describe any honors you have received								
State any additional information you feel may be helpful to us in considering your application								

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 handicap or other protected status.

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

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

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

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# References

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Provide three references who are not related to you.

	Name	Telephone Number
1.		
2.		
3.		

# Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge and that any misrepresentation is grounds for dismissal from the employ of Valley of the Moon Water District ("VOMWD"), or rejection of my application for employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize my former employers and any other persons or organizations to provide accurate information they may have regarding my background. VOMWD may secure a driving record report from the Department of Motor Vehicles, may perform a criminal record search, and may secure a credit report. I release all parties from any liability in connection with these investigations.

I understand and acknowledge that the policy of the VOMWD is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that as a prospective employee I will be subject to a pre-employment medical evaluation that will include a substance abuse screening. I and voluntarily agree to submit to these procedures. I also 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.

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.

I understand and hereby acknowledge that any employment relationship with VOMWD is of an "at will" nature, which means that the employee may resign at any time and the VOMWD may discharge the employee at any time with or without cause. I also understand 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 the VOMWD.

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 VOMWD.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the VOMWD, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

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

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