

**DESERT WATER AGENCY  
Palm Springs, California**



**Application for Employment**

<b>DO NOT WRITE IN THIS AREA FOR OFFICE USE ONLY</b>		
<b>Interview:</b>	<b>Yes</b>	<b>No</b>
<b>Interview Date:</b>	_____	
<b>Interview Time:</b>	_____	

**PERSONAL**

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	Date
Street Address			Home Phone ( )
City, State, Zip			Business Phone ( )
How long at this address? If less than one year, list previous address:			Cell Phone ( )
Have you previously applied for employment with us? ( ) Yes ( ) No If yes, approximate month and year _____			Social Security No. <b>LEAVE BLANK</b>  TO BE FILLED OUT IF INTERVIEWED

Position Applying for (be as specific as possible):	
Driver's License Number or other legally valid form of identification:	If Driver's License given, list what type(s): A B C
<b>Referred by:</b>	<b>Relationship:</b>

**EDUCATION**

<b>(Indicate level completed)</b>	Elementary	High	College/University	Graduate/Professional
Name/Location of School	Name: Location:	Name: Location:	Name: Location:	Name: Location:
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities which you feel would enhance your qualifications with regard to the job for which you are applying.				
<b>Water Related Certification/Level:</b>	Water Treatment:	Water Distribution:		

**MILITARY**

Describe any military duties or special training that may help you in the job for which you are applying. Please list date(s) of service and discharge.



## CLERICAL SKILLS (if applicable)

Typing/WPM:	Shorthand/WPM:	Computer skills/programs you have used:
Bookkeeping Skills		Office Machines

## EMPLOYMENT HISTORY

**Please give accurate, complete full-time and part-time employment record. Start with most recent employer.**

Company	Telephone ( )
<b>Full Address</b>	Employed (Month/Year) From To
Name of Supervisor	Reason for Leaving:
State Job Title and Duties	

Company	Telephone ( )
Address(Full Address)	Employed ( Month/Year) From To
Name of Supervisor	Reason for Leaving:
State Job Title and Duties	

Company	Telephone ( )
Address (Full Address)	Employed (Month/Year) From To
Name of Supervisor	Reason for Leaving:
State Job Title and Duties	

Company	Telephone ( )
Address (Full Address)	Employed (Month/Year) From To
Name of Supervisor	Reason for Leaving:
State Job Title and Duties	

Company	Telephone ( )
Address (Full Mailing Address)	Employed (Month/Year) From To
Name of Supervisor	Reason for Leaving:
State Job Title and Duties	

**REFERENCES – List three persons not related to you who have knowledge of your work performance during the past three years**

Name	Address	City	Phone	Relationship
1.				
2.				
3.				

## VERIFICATION / REASONABLE ACCOMMODATION / BACKGROUND CHECK

If you are hired, will you be able to verify your identity and eligibility to work in the United States? ( ) Yes ( ) No  
(Verification will be required if you are hired).

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ( ) Yes ( ) No

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform the essential functions of desired positions. Please notify the Agency in writing if a reasonable accommodation is necessary. Hire may be subject to passing a medical examination.

If not, describe your limitations in terms of the functions that cannot be performed.

***A background check will be conducted after an offer of employment has been made to candidates who meet minimum employment qualifications for the position. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.***

Are you available to work overtime if required? ( ) Yes ( ) No

Available to work: ( ) Full Time ( ) Part Time ( ) Shifts

## APPLICANT'S STATEMENT

I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Desert Water Agency to conduct a background check in order to investigate my references, work record, educational experience and any other matters related to my suitability for employment. I further authorize the references I have listed to disclose to the Agency any and all letters, reports, or other information related to my work, without giving me prior notice of such disclosure. In addition, I hereby release the Agency, my former employers, and all other persons, corporations, partnerships, or associations contacted during the reference check from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure of records to my prior employment.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment is for no definite or determinable period, and that no promises or representations contrary to the foregoing are binding on the Agency unless made in writing and signed by me and the Agency's designated representative.

Signature of Applicant:

Date:

***Unless based upon a bona fide occupational qualification, prospective employees will receive consideration for hire and terms and conditions of employment without discrimination because of sex/gender, gender identity, gender expression, sexual orientation, race, color, ancestry, national origin, religion, disability, medical condition, genetic information, age (40 and over), marital status, military or veteran status, or on any other basis protected by applicable federal and/or California law.***

All information on this application shall not be disclosed except in conformity with applicable law.

**This application expires 12 months from the date submitted.**

**This space for interviewer use only:**
