



Cabazon Water District
PO Box 297 | 14618 Broadway St.
Cabazon, CA 92230
BUS: (951) 849-4442 | Email: info@cabazonwater.org

APPLICANT INFORMATION					
Last Name:		First Name:		Middle Initial:	Date:
Street Address:				Apartment/Unit #:	
City:		State:		Zip:	
Phone Number:		Email Address:			
Social Security Number:		CA Driver's License:		Exp. Date:	
Position Applied For:					
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain:		

EDUCATION & CERTIFICATES / LICENSES					
High School:		Address:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College:		Address:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:
CA Dept. of Water Resources Distribution License:		Grade:		Exp. Date:	
CA Dept. of Water Resources Treatment License:		Grade:		Exp. Date:	

REFERENCES	
<i>Please list three professional references</i>	
Full Name:	Relationship:
Company:	Phone Number:
Address:	
Full Name:	Relationship:
Company:	Phone Number:
Address:	
Full Name:	Relationship:
Company:	Phone Number:
Address:	

PREVIOUS EMPLOYMENT – LIST FROM PRESENT TO THE LAST TEN (10) YEARS				
Company:		Phone Number:		
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for leaving:		
May we contact your previous supervisor for reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:		Phone Number:		
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for leaving:		
May we contact your previous supervisor for reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:		Phone Number:		
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for leaving:		
May we contact your previous supervisor for reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

MILITARY SERVICE		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

DISCLAIMER AND SIGANTURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.</p>	
Signature:	Date:

PREVIOUS EMPLOYMENT – (CONTINUED)				
Company:		Phone Number:		
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for leaving:		
May we contact your previous supervisor for reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:		Phone Number:		
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for leaving:		
May we contact your previous supervisor for reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:		Phone Number:		
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for leaving:		
May we contact your previous supervisor for reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:		Phone Number:		
Address:		Supervisor:		
Job Title:				
Responsibilities:				
From:	To:	Reason for leaving:		
May we contact your previous supervisor for reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	