



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"/> |
| Other: | | Address: | | |
| From: | To: | Did you graduate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

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"/> |