

**APPLICANT INSTRUCTIONS**

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE"
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. In accordance with the Immigration Reform and Control Act of 1986, we are required to advise you of the following: (1) the MWD will hire only U.S. Citizens and aliens lawfully authorized to work in the United States; (2) The MWD requires all new employees to complete the designated forms from the Immigration and Naturalization Service.

**BIG BEAR MUNICIPAL WATER DISTRICT  
EMPLOYMENT APPLICATION**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street or Box # City Zip

Prior Address: \_\_\_\_\_  
Street or Box # City Zip

**APPLICANT NOTE** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, age, creed, national origin or the presence of disabilities. Specific positions may require additional testing for job-related skills and for the presence of drugs in your body. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. District policy states that after you have been offered a job you must complete a medical history form, be examined by a medical professional designated by the District, and submit to a radiological back screening.

Can you, after employment, submit verification of your legal right to work in the U.S.?  Yes  No

**AVAILABILITY**

For which position are you applying? \_\_\_\_\_

What date can you start work? \_\_\_\_\_

The District operates every day, including weekends and holidays. Are you available to work any and/or all hours that the District could require, including overtime?  Yes  No  Unsure

**EDUCATION**

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAMES	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

**SECURITY**

List states and counties of residence for the past seven years: \_\_\_\_\_

Yes  No Have you used any names other than those on this page? If so, please list here.

**JOB RELATED SKILLS**

Yes  No Do you have a valid driver's license? DL#: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Yes  No Do you have a current commercial driver's license? Class A:  Class B:

Yes  No Have you had any moving violations in the past two years? Please describe: \_\_\_\_\_

Driving records will be verified through the Department of Motor Vehicle

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or the District:

- Yes  No Have you been given a job description or had the requirements of the job explained to you?
- Yes  No Do you understand these requirements?
- Yes  No Can you perform the requirements of this job without reasonable accommodation? If no, please explain: \_\_\_\_\_

**EMPLOYMENT REFERENCES**

Your application will not be considered unless every question in this section is answered. We will make every effort to contact previous employers. *The correct telephone numbers of past employers are critical.*

**MOST RECENT EMPLOYER**  Yes  No Are you currently working for this employer?

Yes  No If yes, may we contact?

\_\_\_\_\_  
Company Name City State Area Code Phone Number

FROM: TO:  
Dates Employed Job Title Supervisor Name

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Reason For Leaving

**SECOND MOST RECENT EMPLOYER**

\_\_\_\_\_  
Company Name City State Area Code Phone Number

FROM: TO:  
Dates Employed Job Title Supervisor Name

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Reason For Leaving

**THIRD MOST RECENT EMPLOYER**

\_\_\_\_\_  
Company Name City State Area Code Phone Number

FROM: TO:  
Dates Employed Job Title Supervisor Name

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Reason For Leaving

**PERSONAL REFERENCES**

Please list only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**COMMENTS**

**CERTIFICATION & RELEASE**

ASK FOR AN ADDITIONAL PAGE, IF NECESSARY

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the District and its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If District policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE