



# BIG BEAR MUNICIPAL WATER DISTRICT EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Please read "APPLICANT NOTE".
2. Complete all pages of form.
3. If more space is needed to complete any questions, additional sheets may be attached.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
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.
6. Return District application in person to the main office at 40524 Lakeview Dr, Big Bear Lake, CA 92315 or email completed application to mschermer@bbmwd.net.

POSITION APPLIED FOR: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI

CELL PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the District. Smoking is prohibited in all indoor areas of the District's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

## PERMISSION TO WORK IN THE UNITED STATES

Are you legally eligible to work in the United States? Yes No

**Proof of employment eligibility will be required if hired.**

## AVAILABILITY

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

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

\*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

## SECURITY

List states and counties of residence for the past seven years. Use additional paper if necessary

Have you used any names other than those on this page?

Yes No If so, please list here. Use additional paper if necessary.



**SECOND MOST RECENT EMPLOYER**

PHONE (    )
FAX    (    )

COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

PHONE (    )
FAX    (    )

COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**FOURTH MOST RECENT EMPLOYER**

PHONE (    )
FAX    (    )

COMPANY NAME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on 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, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the District and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, 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 \_\_\_\_\_