



# San Diego County Water Authority

Human Resources  
 4677 Overland Avenue San Diego, California 92123  
 website at <http://www.sdcwa.org>, Job Hotline (858) 522-6516, General Information (858) 522-6600

## EMPLOYMENT APPLICATION (Please Fill Out Completely)

The Water Authority considers applicants for all positions without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, physical or mental disability, medical condition, or any other legally protected status.

<b>PERSONAL</b>			
Last Name	First	Middle	Date of Application
Street Address	City	State	Zip Code
Home Phone	Business Phone	Cell Phone	E-mail address
POSITION APPLIED FOR			

<b>EDUCATION:</b>				
Name Schools Attended	Location (Street Address, City & State)	Major	Did you Graduate?	Certificate/ Diploma/Degree Earned (or anticipated completion date)
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units Completed	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units Completed	
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units Completed	
Trade, Technical, Business School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units Completed	

<b>SPECIAL TRAINING, SKILLS AND QUALIFICATIONS</b>
Computer Software Used _____
Other Office Skills _____
Professional and technical qualifications, licenses or certificates of competence held and name of Professional Associations of which you are a member: _____
Special Training and Qualifications _____

Last Name:

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignment and volunteer activities.)

1. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor	Telephone Number(s)	Monthly Salary	
		Starting	Current/Final
Reason(s) you left or your desire to leave this job			
Work Performed			

2. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor	Telephone Number(s)	Monthly Salary	
		Starting	Final
Reason(s) you left or your desire to leave this job			
Work Performed			

3. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor	Telephone Number(s)	Monthly Salary	
		Starting	Final
Reason(s) you left or your desire to leave this job			
Work Performed			

4. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor	Telephone Number(s)	Monthly Salary	
		Starting	Final
Reason(s) you left or your desire to leave this job			
Work Performed			

If you need additional space, please continue on a separate sheet of paper and/or include a resume.

The Water Authority may contact employers listed above unless you indicate those you do not want contacted.

Professional references will be required upon request.

<b>DO NOT CONTACT</b>	
Employer # (s)	Reason

Last Name:

How did you learn about this position at the Water Authority?

Advertisement	<input type="checkbox"/>	Name of Publication	_____
Internet	<input type="checkbox"/>	Name of Website	_____
Friend	<input type="checkbox"/>	Name of Friend	_____
Relative	<input type="checkbox"/>	Name of Relative	_____
Job Hotline	<input type="checkbox"/>		
Walk-In	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Have you ever applied for or been employed by SAN DIEGO COUNTY WATER AUTHORITY before?

If yes, where \_\_\_\_\_ when \_\_\_\_\_ and under what name \_\_\_\_\_  
**If known by other names at other employers listed under employment history, please list those names** \_\_\_\_\_

Have you ever been convicted of a crime? A criminal record does not constitute an automatic bar to employment. (Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated or any misdemeanor for which probation has been served and the case has been dismissed) If yes, state when \_\_\_\_\_ where \_\_\_\_\_  
**THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT**

Are you legally authorized to work in the U.S. and can you show proof? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you able to perform the essential functions of the position applied for with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon request, accommodation in the examination/selection process can be made by contacting Human Resources at (858) 522-6660.

If you have a relative/s working at the Water Authority please state their name/s and relationship/s.

### **CERTIFICATION (Please Read and Complete)**

I certify that to the best of my knowledge the statements made in this application are true, complete and accurate and further agree that statements may be investigated at any time and if found materially false or misleading will constitute sufficient reason for refusal of employment or immediate termination from the Water Authority regardless of the time elapsed before discovery.

I give the Water Authority and/or the Water Authority's agent the right to investigate all references and information provided on this application and to secure additional information about me, if job related. I hereby release from liability the Water Authority and its representative for seeking such information from all other persons, corporations or organizations. I further release from liability all persons, corporations or organizations for furnishing such information.

I agree that if employed as a temporary or limited duration employee I will complete an Acknowledgement of Temporary and Limited Duration Employment form.

Persons selected for employment with the San Diego County Water Authority must take a loyalty oath as prescribed by Article 20, section 3, of the California Constitution.

**MY NAME AND DATE ON THE LINE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.**

**APPLICANT'S NAME**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

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

### APPLICANT DATA COLLECTION FORM

As an Equal Opportunity employer, the San Diego County Water Authority is required to submit periodic reports regarding applicants and current employees. To aid the Authority in its commitment to support Affirmative Action and Equal Opportunity programs and to report accurate information, we ask your cooperation in completing this form. You are under no obligation to complete this form and your response will not affect your application in any way. Any information you volunteer on this form will be kept confidential.

- Please check one:

Female

Male

- I consider myself to be (please check only one in this section):

WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the black racial groups of Africa.)

HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese culture or origin.)

AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

ASIAN OR PACIFIC ISLANDER (persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.)

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Please complete if applicable.

- VETERAN OF THE VIETNAM ERA (Active duty of more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975, with a release or discharge other than dishonorable.) U.S. Military Service from \_\_\_\_\_ to \_\_\_\_\_
- DISABLED VETERAN (Any person entitled to disability compensation under laws administered by the Veterans Administration or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.)
- DISABLED (Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment or is regarded as having such an impairment.)

This applicant data collection form is being submitted in conjunction with my application for the position of

\_\_\_\_\_ with the San Diego County Water Authority.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date of Application