



Lake Hemet Municipal Water District

26385 Fairview Ave · P.O. Box 5039 · Hemet, CA 92544

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, gender identity, or any other legally protected status.

Position(s) Applied For	Date of Application						
How did you learn about us? <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Advertisement</td> <td><input type="checkbox"/> Relative</td> <td><input type="checkbox"/> Inquiry</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Friend</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Employment	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
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<input type="checkbox"/> Employment	<input type="checkbox"/> Friend	<input type="checkbox"/> Other					

Applicant: (Last Name, First Name, Middle Initial)	
Address: (Number, Street, City, State, Zip Code)	
Telephone Number(s)	Email Address

Best time to contact you is:	:	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date _____		
Have you been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date _____		
Do you have any relatives working here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you, upon employment, submit verification of your legal right to work in the U.S.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available to work:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (please indicate Mornings Afternoons) <input type="checkbox"/> Temporary (please indicate dates available ___/___/___ - ___/___/___)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities related to the job you are applying for.

Describe any job-related training received in the United States military.

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, disabilities, sexual orientation, gender identity or other protected status. Explain any gaps.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

Employment Gap (Please list Dates and Reason)	From / To:
Reason for Gap:	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

Employment Gap (Please list Dates and Reason)	From / To:
Reason for Gap:	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

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Reason for Gap:	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
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Employment Gap (Please list Dates and Reason)	From / To:
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Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership(s) which may indicate race, color, religion, gender, national origin, disabilities, sexual orientation, gender identity or other protected status.</i></p>

Additional Information

<p>Other Qualifications <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i></p>

Specialized Skills – Check Skills/Equipment Operated

<input type="checkbox"/> Copier/Printer/Fax	<input type="checkbox"/> Ten-Key	Production/Mobile Machinery (List)	Other (List):
Microsoft Outlook		_____	_____
Microsoft Office		_____	_____
Microsoft Word: WPM _____		_____	_____

Additional Information – State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE REVIEWED THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation have been provided.

YES NO

References – Exclude Relatives

1

NAME	PHONE NUMBER
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ADDRESS

2

NAME	PHONE NUMBER
------	--------------

ADDRESS

3

NAME	PHONE NUMBER
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ADDRESS

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Candidate eligibility for employment will be evaluated based on the information provided on the application. Failure to fully detail all experience may eliminate you from consideration.

To submit your application

Depending on the application deadline, you may either mail your completed application and associated materials to our office or you may personally deliver at the address below.

Mailing:

ATTN: Human Resources Personnel
P.O. Box 5039
Hemet, CA 92544-0039

Physical:

Human Resources Office
26385 Fairview Ave
Hemet, CA 92544-0039

If you would like to email your application, please send to JTorres@lhmwd.org. All supporting documents must be included.