



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, veteran status, sexual orientation, gender identity, or any other legally protected, status.

PLEASE PRINT

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Relative Inquiry

Employment Agency Friend Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

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 No

Have you filed an application with us before? Yes No

 If Yes, give date _____

Have you been employed with us before? Yes No

 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed Yes No

May we contact your present employer Yes No

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

Date available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoons Evenings)

Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay - off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

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

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

Employment Experience

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

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

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

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

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

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment of other experience.

Specialized Skills - Check Skills/Equipment Operated

Terminal

Spreadsheet

Production/Mobile
Machinery (List):

Other (List):

PC/MAC

Word Processing

Typewriter

Shorthand

WPM_____

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 BEEN INFORMED ABOUT 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 has been given.

YES

NO

References - Exclude Relatives

1	()	
	NAME	PHONE NUMBER
	ADDRESS	
2	()	
	NAME	PHONE NUMBER
	ADDRESS	
3	()	
	NAME	PHONE NUMBER
	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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____