



Twentynine Palms Water District
72401 Hatch Road
Twentynine Palms CA 92277
(760) 367-7546 (760) 367-6612
A Public Agency/An Equal Opportunity Employer

EMPLOYMENT APPLICATION

PLEASE PRINT

Date: _____

Name: _____
(Last) (First) (Middle)

Business Telephone: () _____ Home: () _____

Social Security No.: _____ Mobile: () _____

Emergency Contact: _____ Telephone: () _____

Present Address:

No. Street City State Zip

Permanent Address if different from present address:

No. Street City State Zip

EMPLOYMENT DESIRED

Position applying for: _____

Referred by: _____ If hired, what date can you start work? _____ Salary Desired _____

PERSONAL INFORMATION

Have you ever applied to or worked for the Twentynine Palms Water District before? Yes No

If yes, when? _____

Do you have any friends or relatives working for the Twentynine Palms Water District? Yes No

If yes, state name(s) and relationship(s): _____

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and or skill and agility tests.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name & Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Vocational/Business	_____	_____	_____	_____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited to work at the Twentynine Palms Water District? If so, please explain: _____

If applicable to the position you are applying for, please answer the following questions:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____ License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

EMPLOYMENT HISTORY

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

NAME OF EMPLOYER: _____

Address: _____
 No. Street City State Zip

Type of Business: _____

Telephone: () _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Dates of Employment From: _____ To: _____

Reason for Leaving: _____

NAME OF EMPLOYER: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone: () _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Dates of Employment From: _____ To: _____

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No. Street City State Zip

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No. Street City State Zip

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Telephone: () _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Dates of Employment From: _____ To: _____

Reason for Leaving: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address: _____

No. Street City State Zip

Occupation: _____

Telephone: () _____ Number of Years Acquainted: _____

Name: _____

Address: _____

No. Street City State Zip

Occupation: _____

Telephone: () _____ Number of Years Acquainted: _____

Name: _____

Address: _____

No. Street City State Zip

Occupation: _____

Telephone: () _____ Number of Years Acquainted: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Twentynine Palms Water District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Twentynine Palms Water District.

Date: _____ Applicant's Signature: _____