

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

POSITION APPLIED F	OR:				
TODAY'S DATE:					
NAME:					
	LAST	FIRST		MI	
CELL PHONE: ()		EMAIL:			
PHYSICAL ADDRESS	:				
	STREET				
	CITY		STATE	ZIP	
MAILING ADDRESS:					
	STREET				
	CITY		STATE	ZIP	
	CITT		SIAIL	ZII	
PRIOR ADDRESS:					
	STREET				
	CITY		STATE	ZIP	

APPLICANT NOTE

mschermer@bbmwd.net.

Yes

No

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.

designated by the District. Smoking is prohibited in all indoor areas of the District's facilities unless designated smoking areas have been establishe 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?

If so, please list here. Use additional paper if necessary.

DRIVER'S LICENSE INFORMATION Do you have a valid driver's license? No _State of Issue_ Name on license_ DL# Type__ _ Driving records will be verified through the Department of Motor Vehicles **JOB-RELATED SKILLS** Yes Have you been given a job description or had the essential functions of the job explained to you? No Do you understand these essential functions? Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you Yes No able to perform the essential functions of the job with or without reasonable accommodation? PROFESSIONAL LICENSES AND CERTIFICATIONS Are you licensed/certified for the job applied for? Name of license/certifications License/certification number: Issuing State: Has your license/certification ever been revoked or suspended? Yes No If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: REFERENCES Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed below. ADDRESS/PHONE YEARS KNOWN/RELATIONSHIP NAME 1. 2. **EDUCATION** Please circle highest grade completed. 10 11 12 13 14 15 16 16 +If your school records are under a different name than listed at top of page 1, please enter that name **NAME** CITY/STATE **GRADUATED DEGREE TYPE** HIGH SCHOOL Yes No COLLEGE Yes No OTHER Yes No PREVIOUS EMPLOYERS PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Are you currently working for this employer? Yes No MOST RECENT EMPLOYER PHONE (If yes, may we contact? Yes No FAX COMPANY NAME CITY STATE FROM TO DATES EMPLOYED JOB TITLE SUPERVISOR NAME DUTIES

REASON FOR LEAVING

SECOND MOST RECENT EMPLOYER			PHONE ()
			PHONE () FAX ()
OOMBANN/NAME	0.777		,
COMPANY NAME	CITY	STATE	
FROM TO	IOD TITLE	01/05/00/00/00/00/00/00/00/00/00/00/00/00/	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
(REASON FOR LEAVING			
THIRD MOST RECENT EMPLOYE	R		PHONE ()
			FAX ()
COMPANY NAME	CITY	STATE	
FROM TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
REASON FOR LEAVING			
FOURTH MOST RECENT EMPLOY	YER		PHONE ()
			FAX ()
			, ,
COMPANY NAME	CITY	STATE	
FROM TO	_		
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
REASON FOR LEAVING			
CERTIFICATION AND RELE	ASE		
			to the foregoing questions and the statement ormation, omissions or misrepresentations of
facts called for in this application, whether			
employment. I authorize the District and/	or its agents, including consum	ner reporting bureaus, to verify any	y of this information. I release all former
			e whatsoever for issuing this information. I
also understand that the use of illegal drug he use of illegal drugs prior to and durin		ment. If District policy requires, I	am willing to submit to drug testing to dete
ne ace of megar arags prior to and duffit	5 cmprojinent.		

DATE

SIGNATURE