

Application For Employment

BELLA VISTA WATER DISTRICT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip
Telephone Number(s)		Day	Email		

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer(s)? ☐ Yes ☐ No

May we contact your previous employer(s)? ☐ Yes ☐ No

Salary desired: \$ _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you currently available to work: ☐ Full Time ☐ Part Time ☐ Temporary

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

Can you travel if a job requires it? ☐ Yes ☐ No

Are you related to anyone that currently works at Bella Vista Water District? ☐ Yes ☐ No

If so, who? _____

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

Education

	High School	Undergraduate College/University*	Graduate/ Professional*
School Name, Location and Phone Number			
Years Completed			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

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

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

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

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

Special Skills and Qualifications

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

References

Give name, address and telephone number of three business references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

Have you ever had any training in the United States military which is related to the job for which you are applying? ☐ Yes ☐ No

If yes, please describe:

Do you have the physical and mental ability to perform the tasks on the **attached** job description, with or without accommodation? ☐ Yes ☐ No

(If accommodation is necessary, please describe below)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the Bella Vista Water District is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

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.

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 Bella Vista Water District.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by any contracted agency, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: _____ Date: _____

NOTES: _____

Position: _____

APPENDIX TO APPLICATION FOR EMPLOYMENT

The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race: (Mark one or more)

_____ White

_____ Black or African American

_____ American Indian/Alaska Native

_____ Asian

_____ Native Hawaiian or other Pacific Islander

Gender:

_____ Male

_____ Female

Thank you for your compliance.

Name

Date

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C 20250

Drug and Alcohol Testing Statement for Prospective Employee

Company Name: _____

Address: _____

Phone # _____

Print name of prospective employee: _____

Social Security (or other ID) # _____

Prospective employee must answer the following question as required under US DOT 49 CFR Part 40.250).

1. During the past three years, have you ever tested non-negative, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for safety-sensitive work covered by DOT Federal Motor Carrier Safety Administration even if the job offer was withdrawn?

_____ YES _____ NO

2. If you answered YES, you will need to provide proof that you have successfully completed the DOT return-to duty requirements (attach documentation to this Statement)

Prospective Employee Signature: _____ Date: _____

49 CFR Part 40.250) states that employers must ask each prospective employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the prospective employee applied for a safety-sensitive job under US DOT FMCSA requirements – whether the job offer was withdrawn or not. This also applies to FTA, FAA, and Coast Guard.

If the prospective employee reports that he or she had a non-negative, or refusal, drug or alcohol pre-employment test, then they cannot be placed in a safety-sensitive position until and unless they provide documentation of successful completion of the return-to-duty process (Sec. 40.25 (b)(s) and (e).

Pre-employment testing statement for prospective safety-sensitive workers. To be placed by hiring company in Driver Qualification File.