



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Has your license/certification ever been revoked or suspended?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: \_\_\_\_\_

Monthly/Annual Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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: \_\_\_\_\_

Monthly/Annual Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Your Position and Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly/Annual Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_

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Type of Business: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly/Annual Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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: \_\_\_\_\_

Monthly/Annual Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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: \_\_\_\_\_