## MARCOLA WATER DISTRICT

## **Application for Employment**

The District makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, sexual orientation, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to job performance. Smoking is not permitted on the job except during breaks and lunch periods. No smoking is allowed in District buildings, vehicles, or near District facilities or equipment. This application will be considered only for the specific job applied for. It will not be retained. If you desire to be considered for a position at a future time you must file a new application. Rainbow Water District contracts with Marcola Water District to provide water system management that includes providing employee oversight and direction. Consent provided in this application applies to both Rainbow and Marcola Water Districts.

| Nome   |                               | Date                     | e               |                   |        |
|--|-------------------------------|--------------------------|-----------------|-------------------|--------|
| Name(Last)   |                               | est)                     | (Middle         | (Middle)          |        |
| Address  |                               | ŕ                        | `               |                   |        |
| Telephone  | Are you over 18 years of age? |                          |                 |                   |        |
| Please describe any educat                                     | tion, training, qualificatio  | ns, or skills that you t | hink are releva | ant to the positi | on for |
| which you are applying (U                                      | se additional pages if nec    | essary).                 |                 |                   |        |
| Name and Location  | Course of Study               | <b>Dates Attended</b>    | Credits         | Degree            | Year   |
|  | er Relevant Training          |                          |                 |                   |        |
| Did you graduate from hig<br>school or place where GEI         |                               |                          |                 |                   |        |
| List currently valid driving certification number, state date. | and                           |                          |                 |                   |        |
|  | I                             | Referred By              |                 |                   |        |
| Register Guard Or  |                               |                          | : State Em      | ployment Office   | ;      |
| Employee Referral Internet Website                             |                               |                          | Other           |                   |        |

## **Previous Work Experience**

Please list the most recent employment first (Use additional pages if necessary).

| Employer   |                       |                | Telephone No           | 0()                 |                        |  |
|--|-----------------------|----------------|------------------------|---------------------|------------------------|--|
| Address  |                       |                |                        |                     |                        |  |
| Immediate supervisor                               |                       |                | Length of em           | ployment            | To                     |  |
| Position held                                      |                       |                | ·                      |                     |                        |  |
| Did you supervise oth                              |                       |                |                        |                     |                        |  |
| Job responsibilities, ec                           | quipment operated (   | (Use addition: | al sheets if necessa   | ry).                |                        |  |
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| Reason for leaving or                              | desiring to leave     |                |                        |                     | <del> </del>           |  |
| г і  |                       |                | 7D 1 1 N               |                     |                        |  |
| Employer   |                       |                | I elepnone No          | 0()                 |                        |  |
| Address  |                       |                |                        |                     |                        |  |
|  |                       |                | Length of en           | ipioyment           | <u>To</u>              |  |
| Position held                                      | 1 0                   | <b>T</b> 7     |                        | 0                   |                        |  |
| Did you supervise otho<br>Job responsibilities, ed |                       |                |                        |                     | <del></del>            |  |
| Job responsibilities, et                           | juipinent operateu (  | Ose addition   | ai siicets ii iiceessa | 1 y).               |                        |  |
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| Reason for leaving                                 |                       |                |                        |                     |                        |  |
| May we contact curi                                | ent employer?         | Ves N          | No Not at th           | is time             |                        |  |
| may we contact curi                                | ent employer.         | _ 1 cs         | 10110t at th           | is time.            |                        |  |
|  |                       | Superviso      | or References          |                     |                        |  |
|  |                       | Supervise      | T References           |                     |                        |  |
| List current or former s                           | unervisors other than | relatives who  | have known you lo      | onger than one year | r and who are familiar |  |
| with your performance                              |                       | Telatives who  | nave known you ic      | onger than one year | and who are familiar   |  |
| with your performance                              | on previous joos.     |                |                        |                     |                        |  |
| Name   | Compa                 | nv             | Phone                  | Relationship        | Years Known            |  |
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## **Certification of Applicant**

Please read carefully before signing. I understand that if I do not fully complete all questions, sign and date this Application for Employment, I will be rejected from consideration for employment. I hereby certify that the statements on this Application for Employment, and any attachments submitted by me are true without material omission to the best of my knowledge and agree to have any of the statements verified by the Marcola Water District.

I realize that for Marcola and its personnel (including contracted Rainbow staff) to make a knowledgeable decision as to my being hired, they must check with previous employers and in the future may be asked to give references to other employers. I consent and authorize Rainbow and Marcola and applicable personnel:

- (1) to ask any or all of my former employers for information concerning me, whether favorable or unfavorable, knowing that a complete answer is important to my being hired, and
- (2) to give information regarding my employment by Marcola to other employers who may request it. I therefore release all parties and persons connected with any request for information from all claims, liability and damages for whatever reason arising out of furnishing this information.

I understand that if I am applying for a DOT regulated position or any position designated by Rainbow or Marcola as a safety sensitive position my employment offer is contingent upon passing a post offer physical and drug test. Passing a drug test is defined as a verified negative result. District will pay for the physical and drug test. If I am applying for a DOT regulated or safety sensitive position, then I freely and voluntarily agree to take a urine test to detect drugs as part of the pre-employment process. I understand that refusal to take this test, failure submit to a physical examination, or a positive test result will disqualify me from further consideration of employment.

I understand that if I am a final candidate for a position, I will be required to authorize a Consumer Report, consisting of a background check and for specific positions may also consist of a credit profile report. Rainbow will pay for these reports. I will be required to sign a separate authorization before this screening takes place.

I understand my employment is contingent upon proof of identity and verification of eligibility for employment in the USA in accordance with the Immigration Reform and Control Act of 1986.

By signing below, I am affirming the statements I have made in this application, plus any additional written or oral information I have provided, such as in a resume or an interview, are true and that I have not omitted anything about myself which might be important to Rainbow in deciding whether to hire me. I understand any false statement, misrepresentation or material omission is sufficient grounds for Rainbow to reject this application, or to terminate my employment without further consideration.

If I am hired, I understand that I am free to resign at any time, and without prior notice. Likewise, Marcola reserves the right to terminate my employment at any time for any reason it deems sufficient, with or without notice, except as required by law or prohibited by a labor agreement or individual employment agreement signed by the board chair or superintendent. In addition, I understand that my right to resign and Marcola's right to terminate my employment cannot be changed, except as set forth in an applicable labor agreement or written individual employment agreement.

| This Application for Employment will be active for the duration understand that in order to be considered for any position other completed, signed and dated application. |   |
|---|---|
| I have read and fully understand the information stated above   | and seek employment under these conditions. |
| Applicant Signature   | Date  |
|   |   |