Application for Employment

Elk Grove Water District 9829 Waterman Rd, Elk Grove CA 95624

We are an equal opportunity employer, dedicated to a policy of non-discrimination against someone (applicant or employee) because of that person's race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information.

Job Title

Personal Data					
Name		Social Security #			
Present Address					
City	S	tate	Zip		
Phone	A	Iternate Phone			
Drivers License: Operator: Comme	rcial: L	cense No.			
Education CHECK THE HIGHEST LEVEL OF SCH (If you are applying for an intern program, it is not response to the second se	equired for you	ı to be a graduate or equ	uivalent)		
City	S	tate	Zip		
AA BA MA Ph. D					
Name of school beyond High School					
City	S	tate	Zip		
Are you a Veteran of Military Service?	Yes No				
Work Experience					
Company Name					
Address					
City	S	tate	Zip		
Job Description (duties, skills, equipment used)					
Dates of employment:					
Start	End				
Reason for leaving:					

Name of Contact Phone

Company Name		
Address		
City	State	Zip
Job Description (duties, skills, equipmer	nt used)	
Dates of employment:		
Start	End	
Reason for leaving:		
Name of Contact		Phone
Company Name		
Address		
City	State	Zip
Job Description (duties, skills, equipmer		Δip
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Dates of ampleuments		
Dates of employment:	Ed	
Start	End	
Reason for leaving:		
Name of Contact		Phone
Additional Information: Volunteer Work		
Summary of work experience or addition	nal information (such as special	skills, licenses, etc.)
References (Name of persons not relate	ed to you)	
Name		Phone
Present Address		
City	State	Zip

Name		Phone	
Present Address			
City	State	Zip	
Name		Phone	
Present Address			
City	State	Zip	
Authorization I authorize investigation on all statements co of information requested is cause for dismiss no definite period and may, regardless of the any time without cause and without any previous process.	sal. Further, I unders ne date of payment o	tand and agree that my employ	yment is for
Signature of Applicant		Date	
In case of Emergency notify			
Name		Phone	
Address			
City	State	Zip	