



# Malaga County Water District APPLICATION FOR EMPLOYMENT

Malaga County Water District is  
An Equal Opportunity Employer

Personnel Office Use Only

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: (Last, First, Middle)

Address: \_\_\_\_\_ (Number and Street) \_\_\_\_\_ (City & State) \_\_\_\_\_ (Zip)

Contact Phones: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

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

Do you have a valid CA driver's license? ☐ YES ☐ NO Number: \_\_\_\_\_ Class: \_\_\_\_\_  
*Complete only if job related.*

Have you ever been employed by MCWD? If yes, state position and date of employment:

Have you ever been fired or forced to resign from a position?

Do you have the legal right to work in the United States? *Prior to appointment, the candidate must submit proof of eligibility to work in the United States.*

Can you perform any or all job functions of the position for which you are applying, either with or without reasonable accommodations?

What alternate shift are you able to work? (Please check all that apply)

☐ Full Time ☐ Part Time ☐ Weekends ☐ Overtime

List any relatives (and their relationship to you) or friends working for MCWD. Note that an employed relative does not exclude application from being considered, however, District policy does not permit supervision between relatives.

## EDUCATION

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational or Business			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT HISTORY

BEGINNING WITH YOUR MOST RECENT EMPLOYMENT FIRST, LIST ALL EMPLOYMENT OVER THE LAST 10 YEARS BELOW. INCLUDE ALL INFORMATION REQUESTED. RESUMES MAY BE ATTACHED FOR ADDITIONAL INFORMATION, BUT **WILL NOT** BE ACCEPTED IN LIEU OF A COMPLETED DISTRICT APPLICATION.

From: To:	Name of Employer:		
Position Title:	Address:		
Immediate Supervisor and Title:	Telephone Number (     ) May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties: (Include separate pages or reference resume if necessary)		Reason for leaving:	

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## SKILLS AND QUALIFICATIONS

List any licenses or certifications of professional or vocational competence you possess that relate to the position applied.

DESCRIPTION	CERTIFICATE NUMBER	EXPIRATION

List any memberships in professional or civic organizations  
(exclude those which may disclose your race, religion, or national origin)


List any other special skills or abilities, including fluency in a foreign language


## APPLICANT CERTIFICATION

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 discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the district. In addition, I understand and agree that if I am employed, pursuant to law, that no promises or representations contrary to the foregoing are binding on the district unless made in writing and signed by me and the district designated representative.

All qualified applicants will receive consideration for employment for employment without regard to race, color, sex, age, national origin, religion, sexual preference, disability, ancestry, genetic information, medical condition or gender identity,

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

*In the event the District provides the applicant with an offer of employment, such offer is contingent upon applicant passing a pre-employment physical examination, which may include a screening test for illegal drug use and/or an assessment of safe work capacity relating to the essential job functions for the position applied.*



# Malaga County Water District

## VOLUNTARY SELF-IDENTIFICATION FORM

Fair Employment Regulations require employers to obtain certain information from each employee and job applicant applying for a particular position. This form is used to provide each applicant / employee with an opportunity to furnish such information *voluntarily*. This information is gathered solely for statistical purposes and will be kept confidential and separate from your application.

**Position Applying For:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Gender (please Check One):** ☐ **Male** ☐ **Female**

**ETHNIC ORIGIN** – Please check the appropriate box that you feel best identifies your ethnic origin:

- ☐ **WHITE** (not of Hispanic origin)  
All persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **BLACK or AFRICAN AMERICAN** (not of Hispanic origin)  
All persons having origin in any of the black racial groups of Africa.
- ☐ **HISPANIC, LATINO, OR SPANISH ORIGIN**  
All persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race.
- ☐ **ASIAN**  
All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; including for example, China, Japan, Korea, India, Cambodia, Philippine Islands, and Vietnam.
- ☐ **NATIVE HAWAIIAN or PACIFIC ISLANDERS**  
All persons having origin in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Native Hawaiian does not include individuals who are native to the state of Hawaii by virtue of being born there.)
- ☐ **AMERICAN INDIAN or ALASKAN NATIVE**  
All persons having origin in any of the original peoples of North America, and who maintains tribal affiliation or community recognition as American Indian or Alaska Native.
- ☐ **OTHER** (Please specify) \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THE JOB?** – Please check the appropriate box:

- ☐ **Job Announcement (please specify location):** \_\_\_\_\_
- ☐ **Internet Site (please specify):** \_\_\_\_\_
- ☐ **WVSD Employee:** \_\_\_\_\_
- ☐ **Other (please specify):** \_\_\_\_\_