

CRESTLINE LAKE ARROWHEAD WATER AGENCY
P.O. BOX 3880
24116 CREST FOREST DRIVE
CRESTLINE, CALIFORNIA 92325
(909) 338-1779

CONFIDENTIAL
APPLICATION FOR EMPLOYMENT

Please print or type your responses unless otherwise indicated.
Additional pages may be attached if more space is required

The Crestline Lake Arrowhead Water Agency ("CLAWA") is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, sex, age, religion, national origin, orientation, disability or membership in any other classification protected by applicable law.

LAST
FIRST
MIDDLE

PERSONAL INFORMATION

Date _____ Social Security Number _____
Number

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE NUMBER () _____

IF RELATED TO ANYONE IN OUR EMPLOY
STATE NAME AND DEPARTMENT REFERRED
(OMIT NAME OF SPOUSE) BY

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	CAN YOU TRAVEL IF A JOB REQUIRES IT?	SALARY DESIRED
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WOULD YOU BE AVAILABLE TO WORK OVERTIME AND/OR WEEKENDS WHENEVER SCHEDULED OR OTHERWISE REQUIRED? IF NOT, WHAT IS YOUR AVAILABILITY?

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO CLAWA BEFORE? WHERE? WHEN?

EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATED?		MAJOR SUBJECTS	AVERAGE GRADES
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

LANGUAGE SKILLS: (PLEASE LIST ANY LANGUAGES THAT YOU SPEAK FLUENTLY OR READ AND WRITE)

SPEAK FLUENTLY:

READ AND WRITE:

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR OTHER APPLICABLE SKILLS: (IF APPLYING FOR SECRETARIAL POSITION PLEASE INDICATE TYPING AND SHORTHAND SPEED)

LICENSES OR CERTIFICATES. PLEASE GIVE THE TITLE, NUMBER, DATE OF ISSUE, AND EXPIRATION DATE OF ANY JOB-RELATED LICENSE, CERTIFICATE OR JOURNEYMAN CARD WHICH YOU HOLD:

LICENSE, CERTIFICATE, ETC.:

STATE OF ISSUANCE:

NUMBER:

DATE OF ISSUANCE:

EXPIRATION:

JOB-RELATED ACTIVITIES AND ORGANIZATIONS:

(YOU MAY EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, SEXUAL ORIENTATION, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS)

DRIVER'S LICENSE STATUS:

(ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON ACCEPTANCE BY OUR BONDING AND/OR INSURANCE COMPANIES FOR A BOND AND/OR INSURANCE COVERAGE REGARDING YOUR EMPLOYMENT)

Do you currently possess a valid California Driver's License? Yes:____ No:____

If "YES": Driver's License Number:_____ Exp. Date:_____

Have you ever had a Driver's License suspended, restricted, or revoked? Yes:____ No:____

If "YES," please describe the offense and provide date and place of convictions:

FORMER EMPLOYERS

(LIST BELOW LAST TEN (10) YEARS OF EMPLOYMENT, BEGINNING WITH PRESENT OR MOST RECENT - EXPLAIN ANY GAPS ON ACCOMPANYING PAGE. ADDITIONAL PAGES MAY BE ATTACHED, IF REQUIRED)

DATE MONTH AND YEAR	EMPLOYER	SALARY	POSITION	SUPERVISOR	REASON FOR LEAVING
FROM	NAME & ADDRESS:				
TO	JOB DESCRIPTION:				
FROM	NAME & ADDRESS:				
TO	JOB DESCRIPTION:				
FROM	NAME & ADDRESS:				
TO	JOB DESCRIPTION:				

(NOTE: ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON VERIFICATION OF ALL INFORMATION PROVIDED)

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NUMBER

