



NORTH PARK PUBLIC WATER DISTRICT

Position Applying For: _____

Date Available for Work: ___ / ___ / ___

PERSONAL INFORMATION

Last Name _____	First Name _____	Middle _____
Address _____		City _____ State _____ Zip _____
Home Phone: _____	Cell Phone: _____	Email Address: _____
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____		

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT HISTORY

Please start with your most recent employment including volunteer work.

Company Name _____	City/State _____	Contact Person (Optional) _____	Phone (Optional) _____
Position/Title: _____	Start (mm/yy) ___ / ___	End (mm/yy) ___ / ___	Ending Wage: _____
Duties Performed: _____			
Supervisor's Name and Title: _____			
Reason for leaving: _____			
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name _____	City/State _____	Contact Person (Optional) _____	Phone (Optional) _____
Position/Title: _____	Start (mm/yy) ___ / ___	End (mm/yy) ___ / ___	Ending Wage: _____
Duties Performed: _____			
Supervisor's Name and Title: _____			
Reason for leaving: _____			
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT CONTINUED

Company Name _____ City/State _____ Contact Person (Optional) _____ Phone (Optional) _____
 Position/Title: _____ Start (mm/yy) ____ / ____ End (mm/yy) ____ / ____ Ending Wage: _____
 Duties Performed: _____
 Supervisor's Name and Title: _____
 Reason for leaving: _____
 May we contact them? Yes No

Company Name _____ City/State _____ Contact Person (Optional) _____ Phone (Optional) _____
 Position/Title: _____ Start (mm/yy) ____ / ____ End (mm/yy) ____ / ____ Ending Wage: _____
 Duties Performed: _____
 Supervisor's Name and Title: _____
 Reason for leaving: _____
 May we contact them? Yes No

Company Name _____ City/State _____ Contact Person (Optional) _____ Phone (Optional) _____
 Position/Title: _____ Start (mm/yy) ____ / ____ End (mm/yy) ____ / ____ Ending Wage: _____
 Duties Performed: _____
 Supervisor's Name and Title: _____
 Reason for leaving: _____
 May we contact them? Yes No

CERTIFICATIONS AND AGREEMENTS

With my signature, I certify that:

- All of the information I have given on this form and on any attachments that I have provided is true and correct.
- I acknowledge that any offer of employment I receive will be conditioned upon successful completion of testing for illegal drugs. If such testing indicated that illegal drugs are present in my body, the North Park Public Water District (the District) will not offer me the job for which I have applied.
- I have read and understand the job description for which I have applied. I can perform all of the essential functions, use the necessary tools and equipment and work under the conditions indicated in the job description.
- In conformity with federal law, I will submit proof that I am a U.S. citizen or that I have a visa which permits me to work in the U.S. no more than three working days after I start, if hired by the District.
- I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment.
- I understand, if hired, my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the District at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing and signed by me and a duly-authorized representative of this employing organization.

Signature: _____ Date: _____

Authorization to Seek and Obtain References Regarding Employment

I hereby authorize the District to contact and seek references from my previous employer(s). _____

I hold: the District, its trustees, officials, employees, agents and their heirs, the employers I have authorized the District to contact, their officers, officials, employees, agents and their heirs harmless for any and all liability to which they might possibly be exposed because of discussion of my past employment or any information that is released regarding such employments. Provided such information is true to the best of their knowledge at the time of the District's inquiry.

Signature: _____ Date: _____