



Enter above the job title of the position for which you are applying.

RETURN TO:

UWCD Human Resources
1701 N. Lombard St., #200
Oxnard, CA 930030
(805) 525-4431
(805) 525-2661 (Fax)
www.unitedwater.org

UWCD is an Equal Opportunity Employer and welcomes applications from all qualified applicants without regard to race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors.

Please read the job description to determine if you meet the requirements of the position. Answer all questions completely and accurately. Include any additional information pertaining to your qualifications for the position. False statements are cause for rejection of the application or dismissal from position. All information is subject to verification, including conviction records and present and former employers. The original application and all attachments (resumes, certificates, etc.) become the property of UWCD and cannot be returned to the applicant. **UWCD does not maintain applications or resumes for positions which are not open for recruitment.**

COMPLETE ENTIRE APPLICATION

Name: Last	First	Middle	Other Names Used
Address: Street		Apt.	City State Zip Code
Email Address		Home Phone	Work Phone Cell Phone

EDUCATION
(Transcripts may be Requested)

Name of School	City and State	# of Years Attended	Major Course of Study	Degree or Certification

SPECIAL SKILLS – List other formal training programs, which may be related to this position:

ADDITIONAL INFORMATION

Provide any additional information pertinent to this position. Include professional affiliations, volunteer activities, and certificates of professional or vocational competence or licenses, if applicable. Include license or registration number. Attach additional sheets as necessary.

LANGUAGE ABILITY:

UNDERSTAND/SPEAK FLUENTLY

READ/WRITE FLUENTLY

ENGLISH

SPANISH

OTHER: _____

Software programs: _____

Typing/Keyboard: _____ wpm Office Machines: _____

PERSONAL INFORMATION

Have you ever been employed by UWCD? If yes, give job title, and dates of employment. Yes No

Are you related by blood or marriage to any person(s) presently employed by UWCD? If yes, specify name(s). Yes No

Have you ever been discharge or requested to resign from any position for misconduct or unsatisfactory service? Explain Yes No

Are you legally permitted to work in the United States? Proof will be required. Yes No

Are you under 18 years of age? If yes, a Permit to employ will be required. Yes No

If the job for which you are applying requires a California Driver License, do you possess one? Yes No

Do you require any special accommodation for testing and/or to perform the duties of the position for which you are applying? If yes, what reasonable accommodations would be necessary? Yes No

Please provide the name, address, and telephone number of someone who should be contacted in the event of an emergency:

REFERENCES

Please provide reference information for anyone who has knowledge of your skills, experience, and/or ability who you authorize UWCD to contact as part of a background investigation. References may not be relatives.

Name Address Phone Number

Business or Occupation Title Years Known

Name Address Phone Number

Business or Occupation Title Years Known

How did you first become aware of this opportunity? Specify source:

UWCD Web-Site: _____	Other Web-Site: _____	Television: _____
Newspaper: _____	Other Publication: _____	Friend: _____
Other: _____		

EMPLOYMENT HISTORY

List your employment, beginning with your most recent employer and work backwards. List each change of title or promotion separately. **Account for periods of unemployment.** Indicate any other experience you feel is relevant to this position (e.g., volunteer experience, military experience, etc.). Resumes may be submitted in addition to, but not in place of the application. **It is critical that you provide complete information.** Complete this section of the application in its entirety, use additional sheets if necessary. Be certain to sign any additional papers submitted.

Job Title		Name of Employer	Phone Number
From:	Describe Primary Duties	Address	
To:		Type of Business or Organization	
Check one Full-time Part-time <input type="checkbox"/> <input type="checkbox"/>		Your Supervisor's Name & Job Title	
		Reason for leaving	

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Check one Full-time Part-time <input type="checkbox"/> <input type="checkbox"/>		Your Supervisor's Name & Job Title	
		Reason for leaving	

If you need additional space for employment history, attach additional sheets if necessary.

May we contact your present employer? Yes No

Comments: _____

NOTICE TO APPLICANT: Employment will be contingent on the District completing a background investigation and pre-employment drug testing.

CERTIFICATE OF APPLICANT: I certify that all statements made in this application and any supplemental information is true and complete to the best of my knowledge. I understand that any false statements, omissions of material facts, or willful misrepresentation will subject me to disqualification or dismissal.

THIS APPLICATION MUST BE SIGNED IN INK AND DATED:

SIGNATURE: _____

DATE: _____