



Application for Employment
 1220 F Street, Marysville, CA 95901
 530-741-6278

INSTRUCTIONS

All applications for Agency employment must be submitted on an original Agency application form. A separate application must be submitted for each position applied for. The application form must be completed in sufficient detail to allow comprehensive review and evaluation. Failure to complete the application in sufficient detail will constitute failure of the initial step in the selection process. Additional supporting information or resumes may be attached. It is the applicant's responsibility to notify the Marysville Office of any change of address, name or other pertinent information. Should you be offered employment, this offer is contingent upon successful completion of the Agency medical examination process, and submission of documents verifying the identity and authorization to work.

APPLICATION MUST BE COMPLETED IN FULL

1. Position Applying For: _____

2. Name: _____
 (Print) Last First Middle

Mailing
 3. Address: _____
 No. Street

 City State Zip

4. Phone: _____ Business/Message: _____

5. California Driver License No.: _____ Exp. Date: _____

6. Are you over the age of 18? () YES () NO

7. Can you, after employment, submit documentation authorizing you to work in the U.S.? () ()

8. Have you ever been convicted of a felony or misdemeanor? () ()
 (Do not disclose any information about: 1) any arrest or detention that did not lead to a conviction; 2) any referral to, or participation in, a pretrial or post trial diversion program; or 3) any conviction for possession of marijuana that is more than two years old (except any conviction for the possession of marijuana on school grounds or possession of concentrated cannabis must be disclosed).)
 (if yes, give details on reverse side, item 17)

9. Have you ever been discharged from any employment or ever been forced to resign? () ()
 (if yes, give details on reverse side, item 17)

10. Have you ever been employed by the Yuba County Water Agency? () ()

11. Are you related by blood or marriage to any person presently employed by the Agency? () ()
 (if yes, give details on reverse side, item 17)

12. Did you graduate from High School? () ()

Name of High School _____

13. College and schools after High School

Name	Major	Did You Graduate	Total Units	What Degree Earned, If Any

IMPORTANT

FINAL APPOINTMENT IS CONTINGENT UPON SUBMISSION OF DOCUMENTS EVIDENCING EDUCATION, DEGREES, CERTIFICATES, LICENSES, ETC REQUIRED FOR THIS POSITION

14. If a license or certificate is a requirement of the position for which you are applying and you possess the license or certificate, give the following information:

Title _____ No. _____ Date Issued: _____ Date Expires: _____

15. Types of work you are willing to accept: () Full Time () Part Time () Temporary

16. EXPERIENCE - BE CAREFUL TO INCLUDE THE FOLLOWING:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> 1. Show your present job first, your previous job second etc. 2. Use a separate block for each JOB TITLE (Even those with the same employer.) 3. Show any experience obtained during the last 15 years, if applicable. | <ul style="list-style-type: none"> 4. Please use additional sheets if necessary to describe job duties. 5. Keep in mind - your acceptance depends on the completeness and applicability of the information you show. 6. Show exact job title and specific duties which you performed. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

A	Mo/Yr	Last Salary	Your Job Title	Employer's name, address, phone
	From		Your Duties	
	To	Hours/Wk		
				Name of Supervisor
			May we contact your present employer? () Yes () No	Reason for leaving
B	Mo/Yr	Last Salary	Your Job Title	Employer's name, address, phone
	From		Your Duties	
	To	Hours/Wk		
				Name of Supervisor
			May we contact your present employer? () Yes () No	Reason for leaving
C	Mo/Yr	Last Salary	Your Job Title	Employer's name, address, phone
	From		Your Duties	
	To	Hours/Wk		
				Name of Supervisor
			May we contact your present employer? () Yes () No	Reason for leaving

D	Mo/Yr From	Last Salary	Your Job Title	Employer's name, address, phone
			Your Duties	
	To	Hours/Wk		
				Name of Supervisor
May we contact your present employer? () Yes () No			Reason for leaving	

E	Mo/Yr From	Last Salary	Your Job Title	Employer's name, address, phone
			Your Duties	
	To	Hours/Wk		
				Name of Supervisor
May we contact your present employer? () Yes () No			Reason for leaving	

F	Mo/Yr From	Last Salary	Your Job Title	Employer's name, address, phone
			Your Duties	
	To	Hours/Wk		
				Name of Supervisor
May we contact your present employer? () Yes () No			Reason for leaving	

17. Explanation of items 8, 9, and 11 on the other side of application. (This section may also be used to show technical or professional organization to which you belong or any special awards or accomplishments.) (PLEASE USE ADDITIONAL SHEETS IF NECESSARY)

CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it may result in denial of employment or discharge. I authorize the use of any information given by me in this application to verify my statements, and I authorize current and past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment records. I release all such persons from any liability or damages on account of having furnished such information.

Signature _____ Date _____