

San Gabriel County Water District

P.O. Box 2227 San Gabriel, CA 91778-2227

8366 Grand Avenue Rosemead, CA 91770 (626) 287-0341 (323) 283-2629

District Use Only							
	Accept	Date Stamp					
	Cond.						
	No						
	Exper.						
	Educ.						
	CDL						
	Late						

EMPLOYMENT APPLICATION									
Instructions: * This application is part of the examination process * Answer all questions completely and correctly.	s.	* Type of print clearly and in dark ink.* Legible photocopies/fax copies are acceptable.							
Position for which you are applying:									
Your Name			Social Security Number						
Last	First	Middle							
Your Address			I .						
Number	Street	City	State Zip						
Number Street City State Zip Plephone Numbers Home () Other ()									
Driver License Number	State		Expiration (Mo/Yr)						
Is the driver license presently restricted, suspended			ct to verification)						
If you are under the age of 18, can you, after employment,		` `	Yes No						
Can you, after employment, submit verification of your legal right to work in the United States? Yes No									
Do you have relatives who are permanent District employe	•		Yes No						
Do you have any physical condition or limitation which will		ting arrangements?	Yes No						
If yes, please explain	roquiro oposiai too	ang arrangemente.							
	nav not necessarily	be disqualifying.)	Yes No						
Have you ever been convicted of a felony? (A conviction may not necessarily be disqualifying.) If yes, please provide a written explanation in a sealed envelope addressed to the General Manager.									
I understand, speak, read and/or write the following langua	•								
Education Circle Highest Grade Completed: High Sci		14 15 16 17 18	19 or More						
A. List all educational diplomas and/or degrees receive	•								
High School/College		Major Subject	Diploma/Degree						
- ng		,							
B. List all coursework and/or special training which yo	ou feel is pertinen	t to this application.	•						
Course Title		Institution	Units Completed						
	<u> </u>								

C. Professional Licenses or Certificates obtained which are pertinent to this application.										
Title		Gran	ting Agency	· · · · · · · · · · · · · · · · · · ·	Date Expires					
D. Machine or Other Cresial Chille which are	noutinout to this own	liantian								
D. Machine or Other Special Skills which are pertinent to this application.										
Employment History Show your most recent position first, then list other positions in order, working back from										
most recent. Account for all time (including military service) for at least the past ten (10) years. Include all paid and										
unpaid experience which you feel qualifies you for this position. Use additional sheets, if necessary. Do not use entries such as "See Resume" in place of completing this section.										
Present/Most Recent Position:	Jung uno scoudii.	From (Mo/Yr)	To (Mo/Yr)	Hrs per Week						
			,	<u> </u>	\$ per					
Employer										
Name	Address	I	City	State	<i>Zip</i>					
Type of Business or Organization:		Immediate	Supervisor's	Name/Title	Telephone Number					
Describe Related Duties (Including number/type	of employees supervis	ed if applicable	۵).							
Describe Related Duties (Including number/type of employees supervised, if applicable):										
Reason for Leaving:										
Most Recent/Previous Position:		From (Mo/Yr)	To (Mo/Yr)	Hrs per Week	Earnings					
					\$ per					
Employer										
Name	Address	1 -	City	State	Zip					
Type of Business or Organization:		Immediate Supervisor's Name/Title			Telephone Number					
Describe Related Duties (Including number/type	or employees supervis	sea, it applicabl	e):							
Reason for Leaving:										
Next Previous Position:		From (Mo/Yr)	To (Mo/Yr)	Hrs per Week	Earnings					
		(- (,)		\$ per					
Employer		-		•	•					
Name	Address		City	State	Zip					
Type of Business or Organization:		Immediate	Supervisor's	Name/Title	Telephone Number					
Describe Related Duties (Including number/type of employees supervised, if applicable):										
Dance for Landan										
Reason for Leaving:	Drogent Employer	Voc	No Post F	imployer/ol2	Voc. No.					
May we check your Qualifications?	Present Employer?	Yes	No Past E	imployer(s)?	Yes No					
The information contained on this application is correct to the best of my knowledge. Lunderstand that falsification										
The information contained on this application is correct to the best of my knowledge. I understand that falsification, omission, or misstatement of information may result in refusal to hire or, if hired, dismissal from employment.										
Employers listed in this application are authorized to give any and all information concerning my prior employment.										
are noted in the application are duffered	g arry arra arr III	31111411011 00110	oning my pinc	omploymont	•					
Signature		Date			_					