

**LINDA COUNTY WATER DISTRICT EMPLOYMENT APPLICATION**



**LINDA COUNTY WATER DISTRICT**  
 1280 Scales Ave  
 Marysville, California 95901  
 Phone: (530) 743-2043  
 lindawater.com

Received:  
 For Official Use Only:

**An Equal Opportunity Employer**

The District is an Equal Opportunity-Affirmative Action Employer providing equal employment opportunity to all regardless of race, color, religion, sex (gender), pregnancy, sexual orientation, marital status, national origin, ancestry, disability (mental and physical, including HIV and AIDS), medical condition (cancer/genetic characteristics), age (40 and above), or other non-merit factor.

**INSTRUCTIONS:** The application form must be completed in sufficient detail to allow comprehensive review and evaluation. A **resume is required** to be submitted with this application for the desired position. The application and attachments once submitted cannot be returned. It is your responsibility to notify the District of any change of address or phone number.

**TITLE OF POSITION:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

**/EXPIRES IN 90 DAYS**

**PERSONAL INFORMATION**

**NAME:**(Last, First, Middle)

**ADDRESS:**(Number, Street, City, State, Zip Code)

**HOME PHONE:**

**ALTERNATE PHONE:**

**EMAIL ADDRESS:**

**DRIVER'S LICENSE:**

Yes No

**DRIVER'S LICENSE NUMBER:**

State:      Number:

**LEGAL RIGHT TO WORK IN THE UNITED STATES?**

Yes No

**PREFERENCES**

**PREFERRED SALARY:**

**WHAT TYPE OF JOB ARE YOU LOOKING FOR?**

**TYPES OF WORK YOU WILL ACCEPT:**

**SHIFTS YOU WILL ACCEPT:**

**OBJECTIVE:**

**EDUCATION**

**DATES:**

From:                      To:

**SCHOOL NAME:**

**LOCATION:**(City, State)

**DID YOU GRADUATE?**

Yes No

**DEGREE RECEIVED:**

**MAJOR:**

**UNITS COMPLETED:**

<b>DATES:</b> From: _____ To: _____	<b>SCHOOL NAME:</b>	
<b>LOCATION:</b> (City, State)	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DEGREE RECEIVED:</b>
<b>MAJOR:</b>		<b>UNITS COMPLETED:</b>

**EXPERIENCE:** Please provide enough information to allow for evaluation of your work experience and abilities. List the positions you have held, including relevant volunteer experience, starting with your most recent job. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper. **THIS SECTION MUST BE FULLY COMPLETED. A RESUME MUST BE ATTACHED BUT WILL NOT BE ACCEPTED IN PLACE OF THIS SECTION.**

WORK EXPERIENCE		
<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Number, Street, City, State, Zip Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>		<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Number, Street, City, State, Zip Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>		<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Number, Street, City, State, Zip Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>		<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

Applicant Name: \_\_\_\_\_

<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Number, Street, City, State, Zip Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>		<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

CERTIFICATES AND LICENSES
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<b>TYPE:</b>	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b>

SKILLS
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<b>OFFICE SKILLS:</b> Typing: Data Entry:
<b>OTHER SKILLS:</b>
<b>LANGUAGE(S):</b>

ADDITIONAL INFORMATION
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REFERENCES
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<b>REFERENCE TYPE:</b>	<b>NAME:</b>	<b>POSITION:</b>
<b>ADDRESS:</b> (Number, Street, City, State, Zip Code)		
<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>	

**READ THIS STATEMENT BEFORE SIGNING - I HEREBY CERTIFY** THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT STATEMENTS MADE ARE SUBJECT TO VERIFICATION AND THAT ANY MISREPRESENTATION, FRAUD, OR OMISSION OF MATERIAL FACTS OR FAILURE TO MEET LEGAL MINIMUM QUALIFICATIONS FOR THIS POSITION WILL BE SUFFICIENT CAUSE TO INITIATE DISCIPLINARY ACTION INCLUDING DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT, I MUST BE IN POSSESSION OF A VALID CALIFORNIA DRIVER'S LICENSE BY DATE OF APPOINTMENT. A PRE-EMPLOYMENT MEDICAL EXAMINATION, DRUG SCREENING, AND BACKGROUND CHECK WILL BE REQUIRED. I WILL PROVIDE THE DISTRICT VITAL STATISTICS INFORMATION AS MAY BE REQUIRED.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT'S WITH DISABILITIES:** If you require special accommodation during the selection process it is your responsibility to contact the District Secretary at (530) 743-2043 during normal business hours. To the extent required by law the District will make reasonable efforts in the interview process to accommodate your disability.