


OFFICE SUPERVISOR - LINDA COUNTY WATER DISTRICT EMPLOYMENT APPLICATION – FULL TIME	
	<p>LINDA COUNTY WATER DISTRICT 1280 Scales Ave Marysville, California 95901 Phone: (530) 743-2043 lindawater.com</p>
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 Office Supervisor 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.

The Office Supervisor supervises staff and preforms a variety of highly complex administrative functions in support of the District Manager or District Secretary. Examples of duties include, but are not limited to, the following: coordinating work processes, training staff and appraising performance, developing various complex (sometimes confidential) reports requiring extensive research and the gathering of information and/or statistics, developing and maintaining various filing systems, assisting in and/or developing policies and procedures.

TITLE OF POSITION:	APPLICATION DATE:
OFFICE SUPERVISOR	/ /2020

PERSONAL INFORMATION		
NAME:(Last, First, Middle)		
ADDRESS:(Number, Street, City, State, Zip Code)		
HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS:
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE NUMBER: State: Number:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:	UNITS COMPLETED:	

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

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

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

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

Applicant Name: _____

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

CERTIFICATES AND LICENSES	
TYPE: _____	
LICENSE NUMBER: _____	ISSUING AGENCY: _____

SKILLS
OFFICE SKILLS: Typing: Data Entry:
OTHER SKILLS: _____
LANGUAGE(S): _____

ADDITIONAL INFORMATION

REFERENCES		
REFERENCE TYPE: _____	NAME: _____	POSITION: _____
ADDRESS: (Number, Street, City, State, Zip Code) _____		
EMAIL ADDRESS: _____	PHONE NUMBER: _____	

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.