



APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES, P.O. Box 54810, Los Angeles, CA 90054-0810

FAX: (213) 217-7770

An Equal Employment Opportunity/Affirmative Action Employer

We appreciate your interest in our organization. A clear understanding of your background and work history will assist us in placing you in the position that best meets your qualifications.

An electronic submission of this application will not be accepted. Please return a fully completed and signed hard-copy of this application along with your resume to Human Resources by the deadline specified on the job announcement to which you are applying.

TODAY'S DATE

Month Day Year

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Please complete in INK. Print Clearly.

JOB ANNOUNCEMENT NO.		POSITION YOU ARE APPLYING FOR			
AREA OF SPECIALITY			SS NO. - LAST FOUR DIGITS		
NAME: LAST		FIRST		MIDDLE	
ADDRESS: NUMBER	STREET			APT. OR P.O. BOX NO.	
DAY PHONE ()	CITY			STATE	ZIP CODE
EVENING PHONE ()	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				
PHONEMAIL, PAGER OR CELL PHONE NO ()			E-MAIL ADDRESS		
<small>IF APPLYING FOR EMPLOYMENT REQUIRING CLASS A (COMMERCIAL) DRIVERS LICENSE, LIST PREVIOUS EMPLOYERS WHO REQUIRED A CLASS A DRIVERS LICENSE IN THE EMPLOYMENT HISTORY SECTION.</small>					
DRIVERS LICENSE NUMBER	STATE	TYPE OR CLASS		EXPIRATION DATE	



APPLICATION FOR EMPLOYMENT

PAGE 2

LAST NAME	FIRST NAME	MIDDLE INITIAL
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SKILLS, EDUCATION, TRAINING DATA

HIGH SCHOOL

NAME		HIGH SCHOOL ADDRESS				
STATE	GRADUATED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DATE GED ISSUED (mm/yy)		GED TEST SITE ADDRESS				

COLLEGE / UNIVERSITY / OTHER EDUCATION (INCLUDING VOCATIONAL / TECHNICAL)

FOREIGN DEGREES MUST BE VERIFIED BY A CREDENTIALS EVALUATION SERVICE PRIOR TO EMPLOYMENT.

DATES (mm/yy)		NO. OF QTR/SEM UNITS COMPLETED		DEGREE COMPLETED	COURSE WORK / MAJOR	SCHOOL AND STATE	GRADE AVG.
FROM	TO	QTR.	SEM.				

PROFESSIONAL OR TECHNICAL REGISTRATION(S) OR LICENSE(S) OR CERTIFICATE(S)

1	CERTIFICATE NO.	STATE	EXPIRES
2			
3			
4			

SKILLS APPLICABLE TO POSITION	TYPING SPEED
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OTHER NAME(S) UNDER WHICH SCHOOL OR EMPLOYMENT RECORDS ARE KEPT



APPLICATION FOR EMPLOYMENT

PAGE 3

LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------

EMPLOYMENT HISTORY

This application is used as a preliminary screening device. Complete all sections. In addition, please include a resume. Beginning with your most recent employment, list all jobs and activities, including related volunteer experience, part-time employment, and self-employment for the past 10 years. Provide specific information related to the position for which you are applying. If additional sheets are attached, identify each sheet with your name and the last four digits of your social security number.

CURRENT OR LAST EMPLOYER NAME			SUPERVISOR'S NAME		
CITY	STATE	ZIP CODE	EMPLOYER'S PHONE NO. ()		
JOB TITLE	FROM (MONTH / YEAR)	TO (MONTH / YEAR)	MONTHLY SALARY		
REASON FOR LEAVING / WANTING TO LEAVE. STATE IF RESIGNED, WANTING TO RESIGN, OR DISCHARGED					
DESCRIPTION OF DUTIES					

CURRENT OR LAST EMPLOYER NAME			SUPERVISOR'S NAME		
CITY	STATE	ZIP CODE	EMPLOYER'S PHONE NO. ()		
JOB TITLE	FROM (MONTH / YEAR)	TO (MONTH / YEAR)	MONTHLY SALARY		
REASON FOR LEAVING / WANTING TO LEAVE. STATE IF RESIGNED, WANTING TO RESIGN, OR DISCHARGED					
DESCRIPTION OF DUTIES					



APPLICATION FOR EMPLOYMENT

PAGE 4

LAST NAME		FIRST NAME		MIDDLE INITIAL
CURRENT OR LAST EMPLOYER NAME			SUPERVISOR'S NAME	
CITY	STATE	ZIP CODE	EMPLOYER'S PHONE NO. ()	
JOB TITLE	FROM (MONTH / YEAR)	TO (MONTH / YEAR)	MONTHLY SALARY	
REASON FOR LEAVING / WANTING TO LEAVE. STATE IF RESIGNED, WANTING TO RESIGN, OR DISCHARGED				
DESCRIPTION OF DUTIES				

CURRENT OR LAST EMPLOYER NAME			SUPERVISOR'S NAME	
CITY	STATE	ZIP CODE	EMPLOYER'S PHONE NO. ()	
JOB TITLE	FROM (MONTH / YEAR)	TO (MONTH / YEAR)	MONTHLY SALARY	
REASON FOR LEAVING / WANTING TO LEAVE. STATE IF RESIGNED, WANTING TO RESIGN, OR DISCHARGED				
DESCRIPTION OF DUTIES				



APPLICATION FOR EMPLOYMENT

PAGE 5

LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------

MWD WORK HISTORY

ARE YOU CURRENTLY EMPLOYED BY THE METROPOLITAN WATER DISTRICT?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY THE METROPOLITAN WATER DISTRICT?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
IF YES FOR EITHER QUESTION ABOVE, INDICATE CURRENT / MOST RECENT TITLE	FROM	TO
EMPLOYMENT TYPE	<input type="checkbox"/> REGULAR F/T	<input type="checkbox"/> TEMPORARY F/T
	<input type="checkbox"/> REGULAR P/T	<input type="checkbox"/> TEMPORARY P/T
	<input type="checkbox"/> RECURRENT	<input type="checkbox"/> INTERN / SUMMER
PLEASE INDICATE IF YOU ARE CURRENTLY WORKING WITH THE METROPOLITAN WATER DISTRICT AS A(N)		
DISTRICT TEMPORARY	<input type="checkbox"/> AGENCY TEMPORARY	<input type="checkbox"/> CONSULTANT
NAME OF AGENCY OR CONSULTING FIRM		
HAVE YOU SERVED IN THE UNITED STATES MILITARY SERVICES?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

PERIODS OF UNEMPLOYMENT

FROM	TO	REASON
FROM	TO	REASON
FROM	TO	REASON
FROM	TO	REASON



APPLICATION FOR EMPLOYMENT

PAGE 6

LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------

PROFESSIONAL REFERENCES

CURRENT OR PAST SUPERVISOR

NAME	TITLE	
COMPANY	RELATIONSHIP	PHONE NO. ()

OTHER PROFESSIONAL REFERENCES

NAME	TITLE	
COMPANY	RELATIONSHIP	PHONE NO. ()

NAME	TITLE	
COMPANY	RELATIONSHIP	PHONE NO. ()

<p>I authorize MWD or designated outside vendors to contact all former employers, school officials, and persons named as references, including my present employer. I understand any information provided to MWD will be considered confidential in nature and I hereby release all employers, schools and individuals from any liability for any damages whatsoever resulting from giving such information.</p>	YES	NO
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<p>The information provided in this application for employment is true and complete. I understand that any misstatement or omission of fact on this application may result in disqualification from the recruitment process or dismissal (if employed). I understand that acceptance of an offer does not establish a contractual obligation upon the employer to continue to employ me in the future.</p>	
<p>_____ SIGNATURE</p>	<p>_____ DATE</p>

APPLICATION FOR EMPLOYMENT

PAGE 7

CONFIDENTIAL APPLICATION INFORMATION

IMPORTANT: This form MUST be fully completed and returned with your application packet. Please type or print your answers using black ink.

NAME	SS NO. - LAST FOUR DIGITS	JOB ANNOUNCEMENT NO.
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CRIMINAL CONVICTIONS

Have you ever been convicted of a crime?

NO

YES

You need not list a conviction when the record of such an incident has been sealed in accordance with California Penal Code 1203.45, 851.8; nor do you need to list a conviction if your record has been expunged or is expungeable pursuant to California Health and Safety Code Section 11361.5. However, you must list the conviction if you have received a release)per Section 1203.4 or 1203.4a of the California Penal Code or California Welfare and Institutions Code section 1172 or 1179), or a pardon per Section 4852.16 of the California Penal Code.

Describe the circumstances in detail (include date and location of conviction, describe crime committed and the section of law violated, if known, and the punishment imposed by the court):

LEGAL RIGHT TO WORK

Can you, after an employment offer, submit a birth certificate or other proof of age and legal right to work and reside in the United States?

YES NO

Does any authorization to work you possess have an expiration date?

YES NO

If yes, please provide expiration date: _____

RELATIVE WORKING FOR METROPOLITAN WATER DISTRICT

Do you have any relatives working for the Metropolitan Water District?

YES NO

If yes, provide their name(s) and relationship(s) below:

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

CERTIFICATION

I certify that all statements made in applying for employment are true and complete, I understand that, if employed, any false statements shall be considered sufficient cause for dismissal. You are hereby authorized to verify any information submitted by me or on my behalf.

SIGNATURE

DATE



APPLICATION FOR EMPLOYMENT

REQUIREMENTS PURSUANT TO THE U.S. IMMIGRATION REFORM CONTROL ACT OF 1986

If offered employment with Metropolitan Water District, you will be required to verify your identity and show proof of your authorization to work in the United States BEFORE you can be hired. Documents that satisfy BOTH requirements are listed in List A. If you do not have any of the documents listed in List A, you must present ONE DOCUMENT EACH from Lists B and C below:

LIST A	OR	LIST B	AND	LIST C
<p>Documents that Establish Both Identity and Employment Eligibility</p>		<p>Documents that Establish Identity</p>		<p>Documents that Establish Employment Eligibility</p>
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (INS Form N-560 or N-561) 3. Certificate of Naturalization (INS Form N-550 or N5 70) 4. Unexpired foreign passport, with 1-551 stamp or attached INS Form 1-94 indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (INS Form 1-551) 6. Unexpired Temporary Resident Card (INS Form 1-688) 7. Unexpired Employment Authorization Card (INS Form I-688A) 8. Unexpired Reentry Permit (INS Form 1-327) 9. Unexpired Refugee Travel Document (INS Form 1-571) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form 1-688B) 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military' card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment) 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (INS Form 1-197) 6. ID Card for use of Resident Citizen in the United States (INS Form 1-179) 7. Unexpired employment authorization document issued by the INS (other than those listed under List A)

NOTICE: Authority for collecting the information above is under Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility on a form approved by the U.S. Attorney General. This form will be used to verify employment eligibility in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in civil penalties.



APPLICATION FOR EMPLOYMENT

PAGE 9

LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------

REFERRAL SOURCE

Please indicate where you learned of this job announcement.

Newspaper (e.g., LA Times, Sacramento Bee, etc.)
Specify _____

Professional Journal/Magazine (e.g., Engineering News Record, Computerworld, etc.)
Specify _____

Minority Publication (e.g., Hispanic Hotline, Black Careers Now, etc.)
Specify _____

Job Announcement Publication (e.g., Jobs Available, Job Opportunities Bulletin, etc.)
Specify _____

Job Fair (e.g., NAACP Job Fair, Veteran's Job Fair, etc.)
Specify _____

Internet (e.g., Monster.com, MWD website, etc.)
Specify _____

District Employee
Specify _____

Job Information Line

Other
Specify _____



EEO APPLICATION IDENTIFICATION

PAGE 10

Metropolitan Water District of Southern California is an equal opportunity employer and makes all employment decisions regardless of race, color, religion, gender, national origin, ancestry, age, marital status, pregnancy, medical condition, or disability. Employment decisions are based on an individual’s knowledge, skills, abilities, job performance or any other legitimate and nondiscriminatory basis.

The following information is requested to assist Metropolitan in gathering information necessary for its equal opportunity/affirmative action program. This information will not be kept with your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. The information is voluntary and will in no way impact a decision regarding your employment. Your application will be considered in the same manner whether or not you agree to provide the requested information.

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- Hispanic
- White
- Declined to State

Check one:

- Female
- Male
- Declined to State

NAME MUST BE LEGIBLE

PRINT _____

SIGNATURE

DATE

IF YOU DO NOT WISH TO PROVIDE ANY OF THE INFORMATION LISTED ABOVE, PLEASE INITIAL BELOW.

INITIALS

DATE



APPLICATION FOR EMPLOYMENT

Please use this page for extra space to complete a question. Be sure to indicate from which page your answer is continuing.

NAME	SS NO. - LAST FOUR DIGITS