



DATES OF EMPLOYMENT (Month, Year)	EXACT TITLE OF YOUR POSITION	LAST SALARY	REASON FOR LEAVING
NAME OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR	DESCRIPTION OF YOUR WORK
ADDRESS OF EMPLOYER			

**Part E. References** (Do not give former employers or relatives)

(Name)	(Address)	(Phone)	(Business)	(Occupation)
(Name)	(Address)	(Phone)	(Business)	(Occupation)
(Name)	(Address)	(Phone)	(Business)	(Occupation)

Name any friends or relatives employed here: \_\_\_\_\_

Have you ever been employed under a different name?  Yes  No

If "Yes," list name: \_\_\_\_\_ (Required only for pre-employment reference check)

**Part F. Job Responsibilities**

State position applied for or type of work desired: \_\_\_\_\_

Find the  to the left of each of the employers you listed above. Enter the number of months of specific experience you received which would help to qualify you for the type of work you desire. Add the months from all employers and enter here. →

What monthly earnings would you expect? \$\_\_\_\_\_ When could you start? \_\_\_\_\_

If employed, you would be expected to assume certain kinds of responsibility which are described in this part. **Please make your answers to the following questions relate, as much as possible to the position you are applying for or the type of work you desire.** If you cannot answer some of the questions, skip them. The interviewer will help you complete them later.

**1. Job Knowledge:** If employed, you would be responsible for having the knowledge required by your job. What training programs have you completed that relate to the position applied for? \_\_\_\_\_

\_\_\_\_\_

What skills, knowledge or abilities did you acquire? \_\_\_\_\_

\_\_\_\_\_

What machines or equipment can you operate? \_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license for this state? (Answer only if driving is a requirement of the job) Yes  No

If "Yes," give license number \_\_\_\_\_ What other kinds of licenses, professional certificates or accreditation do you have?

\_\_\_\_\_

\_\_\_\_\_

**2. Equipment, Materials, and/or Records:** If employed, you would be responsible for the equipment, materials, and/or records which would be entrusted to your care. What specific equipment, material, and/or records, etc., have you been responsible for in the past?

\_\_\_\_\_

\_\_\_\_\_

**Part F. Job Responsibilities** (continued)

**Have you ever been convicted of a criminal offense (felony or misdemeanor)?** Yes  No  (Convictions for marijuana-related offenses that are more than two years old need not be listed.) A conviction will not necessarily be a bar to employment – all factors involved will be considered. If “Yes” when, where and disposition of case: \_\_\_\_\_

**3. Problem Solving:** If employed, you would be responsible for effectively handling problems and changes which might arise while on the job. What new ideas or improved work methods have you suggested in the past? \_\_\_\_\_

**4. Performance of Others:** If employed, you may be assigned to a position in which you would be responsible for the work performance of other employees. What supervisory and/or leadership experience have you had? (Indicate the type of work and the number of persons for which you were responsible.) \_\_\_\_\_

What organizations, societies, or other associations have you participated in? (Exclude activities related to race, religion, age, color, national origin, ancestry, political, sex, marital status, medical condition, sexual orientation, mental or physical disability.) \_\_\_\_\_

**5. Relations with Others:** If employed, you would sometimes be responsible for effectively coordinating your work with other employees. Do you think you would be aware of and try to understand the problems that co-workers might be faced with on their jobs?

Yes  No  Sometimes  Do you usually get along well with others? Yes  No  Sometimes

**6. Communications:** If employed, you would be responsible for effectively receiving and transmitting information about your work and the work of others. Can you carry out this responsibility? Yes  No

What languages do you understand, speak, read and/or write other than English? \_\_\_\_\_

**7. Safety:** If employed, you would be responsible for avoiding injury to yourself and others. Do you anticipate the consequence of your actions (or lack of action) and the effect they might have on others? Yes  No  Sometimes

Do you believe that most job injuries can be prevented? Yes  No  Sometimes  If “No,” please explain: \_\_\_\_\_

Have you ever served on a safety committee? Yes  No  What specific training have you had in safety? \_\_\_\_\_

**8. Job Conditions:** If employed, you sometimes may be responsible for working under conditions that could be unpleasant or disagreeable. What job conditions (dust, heat, pressure, etc.) would be difficult for you to tolerate? \_\_\_\_\_

**9. Physical Aptitude:** If employed, you would be responsible for being physically able to do your work with or without accommodation. Can you carry out this responsibility? Yes  No  (Note: If accommodation is necessary and no reasonable solutions exist, any offer of employment may be withdrawn.)

**10. Application of Effort:** If employed, you would be responsible for being prompt and regular in attendance and for effectively applying the necessary mental and physical skills to performing the essential functions of your job. Can you carry out this responsibility? Yes  No

Have you ever been discharged or forced to resign from a position? Yes  No  If “Yes,” please explain: \_\_\_\_\_

## Part G. Employment Eligibility Verification

If employed, Federal law requires that you present one or more original documents to your employer as proof of identity and employability. At the time of employment you must present one document in List A or (if you don't have any of the documents in List A) one document in List B and one document in List C. Can you furnish the following or other required forms of documentation if hired? Yes  No

<b>LIST A</b>	
<b>Documents that Establish both Identity and Employment Authorization</b>	
1.	U.S. Passport or U.S. Passport Card
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4.	Employment Authorization Document that contains a photograph (Form I-766)
5.	In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>
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 gender, 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, gender, 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
<b>For persons under age 18 who are unable to present a document listed above:</b>	
10.	School record or report card
11.	Clinic, doctor, or hospital record
12.	Day-care or nursery school record

<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
1.	Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)
3.	Certification of Report of Birth issued by the Department of State (Form DA-1350)
4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5.	Native American tribal document
6.	U.S. Citizen ID Card (Form I-97)
7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
8.	Employment authorization document issued by the Department of Homeland Security

## Part H. Affidavit

The company may request consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment (if any), with the company. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee. Such reports, if obtained, will be prepared by a consumer reporting agency and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. The types of reports that may be requested, include, but are not limited to, credit reports, criminal records checks, court records check, and/or summaries of educational and employment records and histories. The information contained in such reports may be obtained from public record sources or through personal interviews with your neighbors, friends, associates, current or former employers, or other personal acquaintances.

I certify that the information contained in this application is true and correct and complete to the best of my knowledge and belief. I understand that any false statement, omission or misrepresentation of facts in connection with this application can be used for rejection of my application, or if I am employed, for my dismissal from employment. I also understand that I am required to abide by all rules and regulations of the Friant Water Authority.

I hereby understand and acknowledge that if I am employed, my employment relationship with the Employer is of an "at-will" nature, which means that I may resign at any time and Friant Water Authority may discharge me at any time, with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any statement or conduct of any person, unless such change is specifically acknowledged in writing signed by the General Manager of Friant Water Authority.

I acknowledge that no other promises, agreements or representations have been made contrary to this "at-will" employment agreement, and that this agreement, as acknowledged by my signature below, is the full and complete agreement governing Friant Water Authority's and my rights and obligations concerning termination of my employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Applications will be maintained in an active file for a period of two years and then transferred to an inactive status for a period of one year from date received.**

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, physical or mental disabilities, or any other legally protected status.*

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## Part I. Voluntary Information

Completion of this part is entirely **voluntary**. If you do not wish to complete this part, please check number 6 below. This information is being requested with the knowledge of government authorities. It will be used for statistical purposes only as required by federal and state law. This information will not be considered, in any way, when the decision is made concerning your employment.

1. What is your ethnic background? (Please check one of the following.)

White  Black or African American  Hispanic or Latino  American Indian or Alaska Native

Native Hawaiian or other Pacific Islander  Asian  Two or more races

2. What is your sex? Male  Female  3. What is your date of birth? \_\_\_\_\_

4. Did you serve in the U.S. Military Service between 8/5/64 and 5/7/75? Yes  No

5. From what source were you referred to this company? \_\_\_\_\_

6. I **do not** wish to complete the information asked for in the Part I.

Date \_\_\_\_\_ Signed \_\_\_\_\_