

Application For Employment

San Luis & Delta Mendota Water Authority

P.O. Box 2157, Los Banos, CA 93635
(209) 826-9696

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Mailing Address (include apartment number, if any)		City	State Zip
Telephone Number(s)	Day Evening	When Can You Start Work?	

Education

Name of College/University/High School:	City	State	Degree?

Special Skills, Accomplishments, Awards: (List any special job-related skills/qualifications acquired from employment or other experience, such as computer skills or other machines, memberships in professional societies, etc.) *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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Job related licenses/certificates (such as hazardous materials, pilot, registered nurse, etc.)

License/Certificate	Date	Licensing Agency

In order to determine if you are of legal working age, are you 18 years of age or older? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Employment History

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. *You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.*

Employer Name & Address		Dates Employed	
		From:	
		To:	
		Avg Hours/Week	
Job Title	Supervisor	May we contact?	
	Phone Number	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Reason for leaving:			
Description of Work:			

Employer Name & Address		Dates Employed	
		From:	
		To:	
		Avg Hours/Week	
Job Title	Supervisor	May we contact?	
	Phone Number	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Reason for leaving:			
Description of Work:			

Employer Name & Address		Dates Employed	
		From:	
		To:	
		Avg Hours/Week	
Job Title	Supervisor	May we contact?	
	Phone Number	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Reason for leaving:			
Description of Work:			

Use additional sheets if necessary

<p>During the last 10 years, were you fired from any job for any reason, quit after you were told you would be fired, or leave by mutual agreement because of specific problems? Explain:</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
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Use additional sheets if necessary

References

Name	Phone Number	Address

YOU MUST SIGN THIS APPLICATION. *Read the following carefully before you sign.*

I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after beginning work.

I understand that any information I gave may be investigated as allowed by law.

I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations.

I hereby authorize the San Luis & Delta Mendota Water Authority to check any references I have provided.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith

Signature

Date

We are an equal opportunity employer. We make employment decisions without regard to race, color, religion, sex, gender, gender identity, pregnancy, sexual orientation, age, national origin, ancestry, marital status, domestic partner status, veteran status, disability, or any other class protected by applicable law, are not factors in employment, promotion, compensation, or termination.

It is the policy of the San Luis & Delta Mendota Water Authority to keep applications "active" for a total period of thirty (30) days.

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Voluntary Self-identification of Disability

Form CC-305
OMB control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history of record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Do you have a disability?

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your name

Today's Date

Voluntary Self-identification of Disability

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation including making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Program (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

APPLICANT AFFIRMATIVE ACTION INFORMATION FORM

Voluntary

Thank you for your interest in employment with our Company. The following questions about your race and gender and Protected Veteran status are included only because of government regulations. As an Equal Opportunity Employer, the San Luis & Delta Mendota Water Authority does not use this information in its employment decisions, so whether or not you return this form has no effect on your application. To the extent we are a government contractor subject to the Vietnam Era veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, we comply with requirements to take affirmative action regarding the employment of, and advancement in employment of, qualified Protected Veterans (disabled veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, and recently separated veterans). If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely. Submitting this information is voluntary. Providing it or declining to provide it will not affect your application or employment in any way. If you choose to submit the information, it will be kept confidential to the extent provided by law.

1. Name: _____

2. Date of application: _____

3. Position(s) applied for: _____

4. Gender: Male Female

5. Race/ethnic background (check one only):

- | | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hispanic/Latino | Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. |
| <input type="checkbox"/> White | Persons having origins in any of the original peoples of Europe, the Middle East or North Africa. |
| <input type="checkbox"/> Black/African American | Persons having origins in any of the black racial groups of Africa |
| <input type="checkbox"/> Asian | Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> American Indian/Alaska Native | Persons having origins in any of the original peoples of North and South America (including Central America), and whose main tribal affiliation or community attachment. |
| <input type="checkbox"/> Two or more Races | Non-Hispanic persons who identify with more than one of the following five races: (1) White, (2) Black, (3) Asian, (4) Native Hawaiian/Other Pacific Islander, (5) American Indian/Alaska Native. |

6. Veteran Status:

- a. Status: Check one of the following boxes

I identify as one or more of the classifications of the Protected Veteran listed below.

I identify as a veteran, just not a Protected Veteran.

I am not a veteran.

I do not wish to self-identify.

- b. Protected Veterans are described as:

Disabled Veteran	(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service connected disability, or who would be so entitled but for receipt of military retired pay).
Active Duty Wartime or Campaign Badge Veteran	(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at http://www.opm.gov/staffingportal/vgmedal2.asp)
Armed Forces Service Medal Veteran	(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).
Recently Separated Veteran	(veteran who served on active duty and was discharged or released from active duty within the last three years).

7. Referral Source:

- | | |
|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employee | <input type="checkbox"/> School |
| <input type="checkbox"/> Other | <input type="checkbox"/> Advertisement – Source _____ |

Name of person who referred you (if applicable) _____

If you wish to provide this information, you may submit it with your application form or send it to the appropriate address