



# Rowland Water District

P.O. Box 8460 - 3021 S. Fullerton Road  
 Rowland Heights, CA 91748  
 Phone: (562) 697-1726 Fax: (562) 697-6149

## APPLICATION FOR EMPLOYMENT

Rowland Water District considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number	E-Mail Address	Social Security Number (Full SS# Required Upon Hire)  XXX -XX- _ _ _ _
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

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

Have you ever filed an application with us before? If yes, give date: \_\_\_\_\_ ( ) Yes ( ) No

Have you ever been employed with us before? If yes, give date: \_\_\_\_\_ ( ) Yes ( ) No

Are you currently employed? ( ) Yes ( ) No

May we contact your present employer? ( ) Yes ( ) No

Can you submit verification of your right to work in the U.S. after offered employment?  
*(Proof of citizenship or immigration status will be required upon employment)* ( ) Yes ( ) No

On what date would you be available to work? \_\_\_\_\_

Are you available to work: ( ) Full Time ( ) Part Time ( ) Overtime

Are you currently on "lay-off" status and subject to recall? ( ) Yes ( ) No

Can you travel if a job requires it? ( ) Yes ( ) No

Within the last two years, have you been convicted of a felony for which the record has not been judicially expunged, sealed, or eradicated?  
*(Conviction will not necessarily disqualify an applicant from employment)* ( ) Yes ( ) No

If Yes, please explain: \_\_\_\_\_

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## Education

	High School	Undergraduate College/University	Graduate/ Professional	Other
School Name and Location				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Major Course of Studies				
Describe any specialized training, apprenticeships, or skills				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

<p>List professional certification, licenses or other credentials</p> <p><i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

<p>List professional, trade, or business affiliations</p> <p><i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

## References

Give names and telephone numbers of three references that are not related to you and are not previous employers

Have you ever had any job-related training in the United States military?                      ( ) Yes                      ( ) No

If yes, please describe: \_\_\_\_\_

Do you have any physical condition or handicap, which may limit your ability to perform the job for which you have applied?  
 ( ) Yes ( ) No If Yes, what can be done to accommodate your limitation? \_\_\_\_\_

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## Employment Experience

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

Employer		Job Title	
Address		City	State Zip
Dates Employed	Starting Monthly Salary	Supervisor	
From:	\$	_____	
To:	Ending Monthly Salary	Telephone	
	\$	_____	
Duties Performed			
Reason for Leaving			

Employer		Job Title	
Address		City	State Zip
Dates Employed	Starting Monthly Salary	Supervisor	
From:	\$	_____	
To:	Ending Monthly Salary	Telephone	
	\$	_____	
Duties Performed			
Reason for Leaving			

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## Employment Experience

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Employer		Job Title	
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Dates Employed	Starting Monthly Salary	Supervisor	
From:	\$	_____	
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	\$	_____	
Duties Performed			
Reason for Leaving			

Employer		Job Title	
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	\$	_____	
Duties Performed			
Reason for Leaving			

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## Employment Experience

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

Employer		Job Title	
Address		City	State Zip
Dates Employed	Starting Monthly Salary	Supervisor	
From:	\$		
To:	Ending Monthly Salary	Telephone	
	\$		
Duties Performed			
Reason for Leaving			

Employer		Job Title	
Address		City	State Zip
Dates Employed	Starting Monthly Salary	Supervisor	
From:	\$		
To:	Ending Monthly Salary	Telephone	
	\$		
Duties Performed			
Reason for Leaving			

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### Employment Experience (cont.)

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

Employer		Job Title	
Address		City	State Zip
Dates Employed	Starting Monthly Salary	Supervisor	
From:	\$	_____	
To:	Ending Monthly Salary	Telephone	
	\$	_____	
Duties Performed			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experiences.


## Applicant's Statement

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***READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW***

I certify that the responses and information given on this application are true and complete to the best of my knowledge. I have not knowingly withheld any information requested, which if disclosed, might unfavorably affect my application for employment. I understand that false or misleading statements on this application, or omissions, may result in denial of employment or if discovered after hire, may result in termination of employment.

I authorize Rowland Water District (RWD) to investigate all statements, information and responses I have given on this application and will cooperate with RWD in obtaining information from previous employers about my qualifications for the job(s) for which I am applying. I agree to hold my former employers and other persons harmless on account of furnishing or verifying accurate information, or giving opinions concerning my job qualifications or performance, related to this application.

I also agree that, if employed by RWD, RWD may give information about me to future prospective employers about my work record and experience with RWD. Such information may include a transcript of my employment history, opinions or judgments of supervisory staff as to my ability and job performance, and the cause of my leaving employment with RWD. I release RWD from any and all liability for damages related in any way to the furnishing of such information.

I understand that this application is not, and is not intended to be a contract for employment. This application is not an offer of employment and is not a complete list of the terms and conditions that affect employment with RWD. Persons selected for employment will be required to pass a background check and a medical examination, which includes drug screening. They will also be required to present documents establishing personal identity and the legal right to work in the United States. Employment is contingent upon the successful completion of this process.

If I am offered and accept employment with RWD, and unless we otherwise agree in writing, I understand that my status will be that of an "at-will" employee, and that my employment may be terminated for any reason, or without cause, at the discretion of RWD. I further agree that, if employed by RWD, I will be required to abide by all RWD rules and regulations regarding employment, and with all directions of my supervisor(s), whether written or oral, as they may now exist or as modified at any time in the future. I also understand that no agreement establishing a fixed period of time for my employment will be valid or binding on RWD unless in writing and signed by an authorized agent of RWD, with the approval of the Board of Directors of Rowland Water District.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

**Date of Hire:** \_\_\_\_\_

**Position To Be Filled:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_

**Salary Step:** \_\_\_\_\_