



APPLICATION FOR EMPLOYMENT

Name:

We appreciate your interest in employment with the
North Coast County Water Water District.

All applicants must submit a North Coast County Water District Application
for Employment. It must be typewritten or filled out in blue or black ink.

Once completed, it may be emailed to: jobs@nccwd.com

Or mailed/delivered in person to:

North Coast County Water District
Attn: HR Dept.
80 Eureka Square, #219
PO Box 1039
Pacifica, CA 94044

A resume may be attached but is not accepted in lieu of the application.

Once the recruitment closes, the applications will be reviewed and the most
qualified candidates will be invited to an oral interview. The candidates not
selected will receive an email or letter in the mail.



Application For Employment

We consider 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 mental or physical disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Friend/Relative: (name) _____	<input type="checkbox"/> Website: (name) _____
<input type="checkbox"/> Advertisement (publication) _____	<input type="checkbox"/> Other: _____

Last Name	First Name	Middle Name		
Address		City	State	Zip
Telephone Number (Day)		Telephone Number (Evening)		
Email Address				

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? If yes provide date _____

Are you currently employed? Yes No

May we contact your present employer? 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.

On what date would you be available for work? _____

Are you currently available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

Education

	High School	Undergraduate College/University*	Graduate/ Professional*
School Name and City			
Years Completed			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra curricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

Employment Experience

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.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Telephone Number(s)				
	Address				
	Job Title	Supervisor			
	Reason looking to leave or have left.				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Telephone Number(s)				
	Address				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Telephone Number(s)				
	Address				
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Telephone Number(s)				
	Address				
	Job Title	Supervisor			
	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 experience.

References

Give name, address and telephone number of three business references who are not related to you.

	Name	Relationship	Email Address	Telephone Number
1.				
2.				
3.				

Do you have the physical and mental ability to perform the tasks on the **attached** job description (with or without accommodation)?

☐ Yes ☐ No

(If accommodation is necessary, please describe below)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the NCCWD is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and proof of insurance.

I understand and hereby acknowledge that any employment relationship with NCCWD is of an "at will" nature, which means that the employee may resign at any time and the NCCWD may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the NCCWD.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the NCCWD.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the NCCWD, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: _____ Date: _____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

NOTES: