

CHINO BASIN WATERMASTER EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Applicants are considered without regard to ancestry, race, color, religious belief, gender, age, national origin, sexual orientation, marital status, veteran status, physical or mental disability, or any other classifications protected by law.



Thank you for considering employment with Chino Basin Watermaster. To make the application process as easy as possible, read and follow these instructions.

Name: _____ Email: _____

Phone Number: _____ Cell/Alternate Number: _____

Position Applying For: _____ Today's Date: _____

INSTRUCTIONS

1. Please answer all questions, providing enough detail to allow for full review and evaluation.
2. A resume **MUST** be attached with your completed application form.
3. Use a separate application for each position you are applying for.
4. Inquiry may be made of your former and current employers and the last school you attended. Please provide the name and phone number of each supervisor on this form.
5. Notify Chino Basin Watermaster if you change your address or telephone/cell number.
6. **DO NOT** fax your application. Email is the only acceptable method of receipt.

Email your completed and signed application (with resume and any other additional information) to:

HRInfo@cbwm.org

Please attach any additional information to your application which you feel will help us in our evaluation of your qualifications. Before you return your application, recheck it to make sure that it is correct and complete. Thank you for your interest in employment with Chino Basin Watermaster.

TURN THE PAGE TO COMPLETE APPLICATION



9641 SAN BERNARDINO ROAD
RANCHO CUCAMONGA, CA 91730

Phone: (909) 484-3888
Fax: (909) 484-3890
Email: HRInfo@cbwm.org
Website: www.cbwm.org

EMPLOYMENT APPLICATION CHINO BASIN WATERMASTER

An Equal Opportunity Employer

APPLICATIONS MUST BE TYPED OR COMPLETED LEGIBLY IN BLUE OR BLACK INK. Complete all sections. Resume must be attached and will not be accepted in lieu of a fully completed Application for Employment form.

1. Job Title: _____ Date: _____
2. Your Name: _____
Last First Middle
3. Address: _____
Mailing Address City & State Zip
4. Social Security Number: _____ Phone: _____ Business Phone: _____
5. Are you authorized to work in the U.S.? Yes No May we contact your current employer? Yes No
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
6. Are you 18 years of age or over? Yes No
7. Do you have any physical limitations that prevent you from performing any work for which you are being considered? Yes No
If yes, what can be done to accommodate your limitations? (Use additional sheet if necessary): _____
8. Have you ever been fired or asked to resign from any position? If Yes, when, where, and what were the circumstances? Yes No

9. Medical:
Do you agree to take a medical exam and/or drug test at company expense related to the essential requirements of the position? Yes No
10. Do you have a valid driver's license? Yes No
If yes, which class of driver's license do you have (circle one): A B C
Drivers License No: _____ State: _____ Expiration Date: _____

11. EDUCATION AND TRAINING			Degree, Diploma, Certificate or # of Units Completed
Name and complete Address	Major	Did you graduate Or receive GED?	
High School			
Community College			
College/University			
Graduate/Vocational/ Business/Trade			

12. Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for this job for which you are applying? Yes No If yes, please explain: _____

13. Experience: Please give enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper.

This section must be fully completed. A resume may be attached but will not be accepted in place of this section.

Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees supervised By You	Supervisor's Name and Phone No.	
Contact Employer: Yes or No	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees supervised By You	Supervisor's Name and Phone No.	
Contact Employer: Yes or No	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees supervised By You	Supervisor's Name and Phone No.	
Contact Employer: Yes or No	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees supervised By You	Supervisor's Name and Phone No.	
Contact Employer: Yes or No	Type of Work Performed (Be Specific)			
Reason for Leaving				

14. **REFERENCES:** Give names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience, and ability. You may use past employers.

Name	Address	Telephone Number	Business or Occupation
------	---------	------------------	------------------------

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be ground to deny employment or for disciplinary dismissal after employment.

X

Signature

Date