



# Scotts Valley Water District

# Employment Application

Applicants are considered without regard to race, color, religion, sex, national origin, sexual orientation, marital or veteran status, or the presence of a non job-related mental or physical disability.

Please answer all questions. Please Print.

Position for which you are applying: \_\_\_\_\_

Your Name: \_\_\_\_\_  
Last First Middle

Your Address: \_\_\_\_\_  
Number Street City State Zip

### Telephone Numbers:

Home Number: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you a citizen of the United States or if you are not a U.S. Citizen, have you proof of the legal right to remain and work in the U.S.?  Yes  No

Do you possess a valid California Driver's License and maintain a safe driving record?  Yes  No

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any mental or physical disabilities which may affect your job performance?  Yes  No

License or certificate obtained which relate to the position for which you are applying: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Work overtime: Yes No Weekend work:  Yes  No Temporary work:  Yes  No

Education: Highest Grade Completed (Circle) Grade School High School College/University  
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

### Schools Attended:

Last High School	City & State/Country	Did you graduate?		Do you have a High School Equivalency Certificate (GED)?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Colleges or Universities	City & State/Country	Major	Dates of Attendance		Total Units of Credit Earned	Degree(s) (Include year conferred)
			From	To	SEM	QTR
			-	-		
			-	-		
			-	-		
Other Courses or Training	Institution	Length	Completed Satisfactorily?		Date Completed (Month/Year)	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Employment History:** (No resumes in lieu of application)

1. List present or most recent position first.
2. Account for all time ( including military service) for at least the past 10 years.
3. Include all paid and unpaid experience which you feel qualifies you for this position.
4. If more space is needed, attach extra sheets.

**Mail to:** Human Resources  
 Scotts Valley Water District  
 2 Civic Center Drive  
 Scotts Valley, CA 95066  
**Email to:** [employment@svwd.org](mailto:employment@svwd.org)

Dates of Employment: (Month, Year) From:                    To:	Exact Title of your Position:	Hrs. per Week:	
Name of Firm or Organization:	Address of Employer (include city and state)		Phone Number:
Type of Business or Organization:	Name and Title of Immediate Supervisor:	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Reasons for Leaving:
No. of Employees you Supervise(d):	Titles of Jobs of Those you Supervise(d):		

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Employment: (Month, Year) From:                    To:	Exact Title of your Position:	Hrs. per Week:	
Name of Firm or Organization:	Address of Employer (include city and state)		Phone Number:
Type of Business or Organization:	Name and Title of Immediate Supervisor:	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Reasons for Leaving:
No. of Employees you Supervise(d):	Titles of Jobs of Those you Supervise(d):		

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Employment: (Month, Year) From:                    To:	Exact Title of your Position:	Hrs. per Week:	
Name of Firm or Organization:	Address of Employer (include city and state)		Phone Number:
Type of Business or Organization:	Name and Title of Immediate Supervisor:	Are you still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Reasons for Leaving:
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Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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No. of Employees you Supervise(d):	Titles of Jobs of Those you Supervise(d):		

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Office Skills:** Computer    Yes    No   Programs \_\_\_\_\_

Other skills \_\_\_\_\_

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee of the Scotts Valley Water District. I also agree that the District may verify past employment and educational attainments and may contact my present employer after I grant further approval. I further agree to undergo a physical examination and understand that employment is contingent upon meeting the District's physical requirements.

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