

EXPERIENCE

List all positions you have held in the past ten years, beginning with your present or most recent employer. If you feel that volunteer, part-time, internship, or military positions are applicable, you may list them. List each change of title or promotion within an organization separately. Resumes may be included, but **WILL NOT** be accepted in lieu of complete responses. Responses such as "See Resume" and "Unknown" are not acceptable and will disqualify your application. Explain any gaps in employment periods. If more space is needed, please use a separate sheet prepared in the same format.

CURRENT OR MOST RECENT EMPLOYER

Dates Employed	Employer	Employment
From (Mo./Yr.) _____	Firm Name _____	Job Title _____
To (Mo./Yr.) _____	Type of _____	Duties _____
Total _____	Business _____	_____
Time Yrs. _____ Mos. _____	Address _____	_____
Hours Worked Weekly _____	City, State, Zip _____	_____
Full Time _____ Part Time _____	Supervisor Name _____	_____
_____	Title & Phone _____	_____
Desired Salary _____	_____	Reason for Leaving or Wanting to Leave _____
Number Supervised _____	_____	_____

Dates Employed	Employer	Employment
From (Mo./Yr.) _____	Firm Name _____	Job Title _____
To (Mo./Yr.) _____	Type of _____	Duties _____
Total _____	Business _____	_____
Time Yrs. _____ Mos. _____	Address _____	_____
Hours Worked Weekly _____	City, State, Zip _____	_____
Full Time _____ Part Time _____	Supervisor Name _____	_____
_____	Title & Phone _____	_____
Desired Salary _____	_____	Reason for Leaving or Wanting to Leave _____
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Dates Employed	Employer	Employment
From (Mo./Yr.) _____	Firm Name _____	Job Title _____
To (Mo./Yr.) _____	Type of _____	Duties _____
Total _____	Business _____	_____
Time Yrs. _____ Mos. _____	Address _____	_____
Hours Worked Weekly _____	City, State, Zip _____	_____
Full Time _____ Part Time _____	Supervisor Name _____	_____
_____	Title & Phone _____	_____
Desired Salary _____	_____	Reason for Leaving or Wanting to Leave _____
Number Supervised _____	_____	_____

1. Are you related to anyone currently working for Mojave Water Agency? Yes No If "Yes", please explain:

Name	Title	Relationship
_____	_____	_____
_____	_____	_____

2. Have you ever been discharged or forced to resign from any employment? Yes No If "Yes", please explain:


3. Do you have any objection to the Agency contacting any employers listed to verify the information you included in this application?
 Yes No If "Yes", please explain:

4. Have you ever been employed under another name? Yes No If "Yes", please explain:

Other Names Used	Dates Used	Employer at Time of Use
_____	_____	_____
_____	_____	_____

CERTIFICATION OF APPLICATION – READ CAREFULLY BEFORE SIGNING

I declare, under penalty of perjury, that all statements made in this application are true and complete. I hereby authorize all employers, schools, and other organizations and persons named herein to provide Mojave Water Agency with information regarding my qualifications and character. I understand and agree that any misrepresentation or omission of a material fact, or receipt of unsatisfactory references, shall be cause for rejection of my application, bar from employment, removal from Eligibility List, and/or dismissal from employment. I understand and agree that my employment with the Agency is contingent upon meeting the Agency's physical requirements, and I also agree to submit to drug and alcohol testing if an offer of employment is rendered. I understand that the Agency makes reasonable accommodations for persons with disabilities. I further agree to furnish proof of citizenship, or eligibility to legally work in the United States, as may be directed. I understand and agree that if employed by the Agency, my employment is on a probationary basis for at least twelve months, and that I may be discharged at any time therein without the right of appeal. I am aware and understand that individuals with disabilities who require accommodation in the application or testing process must provide documents from a qualified medical authority of the need for accommodation to the Agency at the time of application.

Print Full Name	 Signature (required for application to be considered)	Date Completed
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