

Yuma County Water Users' Association
Application for Employment

Please print all information requested except signature.
 Applicants may be tested for Illegal Drugs.

Personal Information

Date

| | | | | | |
|------------------------|--|---------------------|----------|---|--|
| Name (Last Name First) | | Social Security No. | | Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Present Address | | City | State | Zip Code | |
| Permanent Address | | City | State | Zip Code | |
| Phone No. | | Referred By | | | |
| Emergency Contact | | | Relation | Phone# | |

Employment Desired

| | | | | | |
|--|--|--|--|----------------|--|
| Position | | Date Available to Work | | Salary Desired | |
| Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If so, May we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Ever Applied to YCWUA Before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Which Department? | | When? | |

Education and Employment History

| Name & Location of School | Years Attended? | Did You Graduate? | Subjects Studied | |
|---|-----------------|--|------------------|--|
| Grade School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |
| U.S. Military Service | | Rank | Specialty | |
| Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Driver's License Number: _____ Expires: _____ State of Issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> CDL <input type="checkbox"/> Chauffeur | | | | |
| Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____ | | | | |
| Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____ | | | | |
| If required to obtain a Commercial Driver's License (CDL) for employment, do you have any known conditions (medical, legal, etc.) that would bar you from obtaining one? <input type="checkbox"/> No <input type="checkbox"/> Yes, Condition? | | | | |
| Have you ever been convicted of a Misdemeanor or Felony? <input type="checkbox"/> No | | <input type="checkbox"/> yes, explain: _____ | | |

How many days of work have you missed, for any reason, during your last employment year? _____ days

Former Employers (List below last four employers, starting with the last one first)

| Date MM/YY | Name & Address of employer | Salary | Position | Reason for Leaving |
|------------|----------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

Office Skills (if applicable)

| | | | | |
|-------------------|------------------------------|-----------------------------|--|---------------|
| Typing Skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ WPM | Other Skills: |
| Personal Computer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> P.C. <input type="checkbox"/> Mac | |
| 10-Key | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Word Processing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ WPM | |

References Give below the names of three persons not related to you, whom you have known for at least one year.

| Name | Address | Phone# | Business | Years Known |
|------|---------|--------|----------|-------------|
| | | | | |
| | | | | |
| | | | | |

Applicant's Certification – Please read this carefully before signing the application

In exchange for the consideration of my job application by Yuma County Water Users' Association (hereinafter called "YCWUA"), I agree that: (check all the statements as you read and understand them)

- I understand that I will be required to provide proof of my identity and legal right to work in the United States prior to actual employment at YCWUA.
- I understand that as an employee of the YCWUA, I am employed at will, and may be terminated at any time without cause.
- I understand that (1) YCWUA has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.
- I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
- I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any special period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
- In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies of YCWUA. I also understand that YCWUA reserves the right right to change wages, hours, and working conditions as deemed necessary.
- This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.
- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Date _____

Signature _____

DO NOT WRITE BELOW THIS LINE

Comments by Interviewer:

Approved 1. _____

Employment Manager

2. _____

Department Head

3. _____

General Manager