



MAIL OR DELIVER COMPLETED APPLICATION TO:

P.O. Box 113
 54335 Rd 432
 Bass Lake, CA 93604
 (559) 642-2494

1. **POSITION APPLIED FOR** (Give exact title as listed on the job bulletin) _____
2. Social Security Number: _____
3. Name: _____
 (Last) (First) (Middle)
4. Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)
5. Telephone Numbers: _____
 (Include Area Code) (Home) (Business/Message) (Other)
6. Indicate all types of employment that you are willing to accept: Full-Time Permanent Part-Time Extra Help (no benefits)
7. Indicate the shift assignments you will accept: Days Evenings Nights Weekends Rotating
8. Do you possess a valid driver's license? Yes No State Issued: _____ License #: _____ Class: A B C
9. Do you have any relatives working for Bass Lake Water Co? Yes No If yes, please list their name(s) and relationship(s): _____
10. Were you ever discharged, rejected during probation, or have you resigned under threat of discharge or unfavorable circumstances from any employment?
 Yes No If yes, please give details: _____
11. As an adult, have you ever been convicted of a felony? Yes No If yes, please indicate nature of offense, when, where and disposition of case: _____

This application is part of the examination process and the following sections must demonstrate that you meet the minimum qualifications for the position as stated in the job bulletin. You may NOT substitute a resume in lieu of completion of this application. Applicants may be required to furnish transcript or diploma to substantiate education.

12. EDUCATION AND TRAINING

Name and Address of High School: _____ Did you graduate? Yes No
 If not, do you have a G.E.D. equivalent: Yes No Issued by: _____

College or University/Location (Include Graduate Study)	Major Subject	Minor Subject	Units Completed		Degree(s) Received
			Semester	Quarter	

LICENSES AND CERTIFICATES (State, Professional, Trade, etc., that are required for this position)		
Description and License/Certificate Number	Issued By	Expiration Date

13. If applicable to the position applied for, complete the following: I have word processing and/or computer experience with the following software programs:

I am proficient in the use of the following office equipment: _____

I certify that I can type at a speed of _____ wpm. I certify that I can take shorthand or fast notes at a rate of _____ wpm.

14. **EMPLOYMENT HISTORY** (Resumes will **NOT** be accepted in place of this completed application)

- List your most recent experience first.
- List all experience, paid or volunteer, related to position applied for
- Use separate blocks for different positions with the same employer.
- Explain any gaps between employment periods.
- Additional sheets may be attached when necessary, but you must provide information in identical format.

Period of Employment From: _____ To: _____ Present Total _____ Yrs. _____ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: _____ Final Salary: _____	Job Title and Most Important Duties Performed Title: _____ No. Supervised: _____ Duties: _____	Name and Address of Employer _____ _____ Immediate Supervisor: Telephone: Reason for Leaving:
Period of Employment From: _____ To: _____ Present Total _____ Yrs. _____ Mos. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Per Week: _____ Final Salary: _____	Job Title and Most Important Duties Performed Title: _____ No. Supervised: _____ Duties: _____	Name and Address of Employer _____ _____ Immediate Supervisor: Telephone: Reason for Leaving:
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Additional employment history is attached.

15. May we contact the above employers: Yes No If no, indicate the one(s) you do not wish us to contact: _____

16. List two **personal** references:

Name/Occupation	City/State	Telephone Number

Note for applicants with disabilities. If you require testing accommodations, please contact the Personnel Office at the time you submit this application. Reasonable adjustments to testing facilities will be made to accommodate you.

17. **PRIVACY STATEMENT AND CERTIFICATE OF APPLICANT** (Please read carefully before signing.)

I understand that the information I provide on this form will be used to determine whether I meet the requirements for this examination only and may serve as the basis for arriving at my final rating. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in my qualifications not receiving full consideration, may disqualify me from participating further in the examination process or may result in my termination from employment. I understand that my employment is contingent upon verification of my U.S. citizenship or legal right to remain permanently in the United States. I further understand that my employment may be contingent upon successful completion of a pre-employment physical examination which may include a blood, urine and/or other medical tests for alcohol, drugs and controlled substances. I also understand and agree that the company may require me to submit to a drug and alcohol screen after I am employed as a result of reasonable suspicion of a work related incident

Signature: _____ Date: _____