



**RINCON DEL DIABLO MUNICIPAL WATER DISTRICT**  
**1920 N. Iris Lane, Escondido, CA 92026**  
**(760) 745-5522**  
 AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EMPLOYMENT**

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

To Applicant: we appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. To assist us in achieving this, please complete all sections of the application.

Name: \_\_\_\_\_

LAST FIRST MIDDLE

Address: \_\_\_\_\_

STREET CITY STATE ZIP

Telephone No: \_\_\_\_\_

AREA CODE PHONE NO.

Have you ever worked for the Rincon District? Yes  No

Describe the type of work you desire: \_\_\_\_\_

**ACADEMIC TRAINING**

Do you possess a high school diploma or GED:  Yes  No

**College Record**

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY MAJOR SUBJECT DEGREE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If no degree, total units: \_\_\_\_\_

**Other Education (trade, technical, correspondence, and military)**

NAME AND ADDRESS OF SCHOOL MAJOR SUBJECT

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ACHIEVEMENTS

List any job related professional societies, organizations or clubs to which you have belonged. You may omit those which indicate race, religious creed, color, national origins, ancestry, sex or age of its members

If you are a registered engineer, give Certificate No.:

State obtained:

List any publications or awards you have received:

## PERSONAL

Can you after employment, submit a birth certificate or other proof of identity and legal right to work in the United States? Yes  No

Have you ever been convicted of any crime? Yes  No

(For the purpose of this question exclude convictions that are over two years old and deal solely with a marijuana offense or convictions that have been sealed, expunged or legally eradicated and misdemeanor convictions for which probations was completed and the case was dismissed)

If yes, explain fully ( a conviction will not necessarily disqualify an applicant from employment):

Are you able to perform the essential functions of the job for which you are applying?

Yes  No

If no, please describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Drivers License No:

## EMPLOYMENT

List all jobs and activities including military service, schools, part-time employment while in school and self employment for the past 10 years. Please also list significant experience more than 10 years ago. **Begin with the most recent.**

Employer:	From:	To:
Address:	Time in Years:	
Street	City	State
Phone Number:	Zip Code	Base Pay
Area Code	Number	Per
Name & Title of Supervisor:		
Job Title:	Reason for Leaving:	
Description of Duties:		
May we contact your present employer for references? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer:	From:	To:
Address:	Time in Years:	
Street City State Zip Code	Base Pay	Per
Phone Number:		
Area Code Number	Reason for Leaving:	
Name & Title of Supervisor:		
Job Title:		
Description of Duties:		
Employer:	From:	To:
Address:	Time in Years:	
Street City State Zip Code	Base Pay	Per
Phone Number:		
Area Code Number	Reason for Leaving:	
Name & Title of Supervisor:		
Job Title:		
Description of Duties:		
Employer:	From:	To:
Address:	Time in Years:	
Street City State Zip Code	Base Pay	Per
Phone Number:		
Area Code Number	Reason for Leaving:	
Name & Title of Supervisor:		
Job Title:		
Description of Duties:		
Employer:	From:	To:
Address:	Time in Years:	
Street City State Zip Code	Base Pay	Per
Phone Number:		
Area Code Number	Reason for Leaving:	
Name & Title of Supervisor:		
Job Title:		
Description of Duties:		

The facts set forth above in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. My signature below authorizes Rincon M.W.D. to conduct a background investigation and authorizes the release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and references. I also understand that any offer of employment with the Rincon del Diablo Municipal Water District **is contingent upon passing a medical examination, which includes a drug screen** and the ability to present documents establishing the legal right to work in the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(For District use only)

### REFERENCE CHECK

Name of Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Current Salary: \_\_\_\_\_

Confidential Employee: Yes  No

Reason for Leaving: \_\_\_\_\_

Eligible for Rehire: Yes  No

Overall Performance Rating: Excellent  Good  Average  Poor

Comments: \_\_\_\_\_

Name of Person Interviewed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

#### PRELIMINARY INTERVIEW

CATEGORY	EXCELLENT (4)	GOOD (3)	AVERAGE (2)	BELOW AVG (1)	INADEQUATE (0)
Training/Experience					
Appearance					
Personality					
Attitude					
Interest in Position					
Ability to Verbalize					
Emotional Stability					
Judgement					
Alertness/Comprehension					
Total Rating:					

Additional Comments: \_\_\_\_\_

Name(s) of Interviewer(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EMPLOYMENT APPROVAL

Job Classification: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_

Start Date: \_\_\_\_\_ Department: \_\_\_\_\_

Special Conditions of Employment: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

General Manager: \_\_\_\_\_ Date: \_\_\_\_\_