

Application For Employment

San Luis & Delta Mendota Water Authority

P.O. Box 2157, Los Banos, CA 93635

(209) 826-9696

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Mailing Address (include apartment number, if any)		City	State Zip
Telephone Number(s)	Day Evening	When Can You Start Work?	

Education

Name of College/University/High School:	City	State	Degree?

Special Skills, Accomplishments, Awards: (List any special job-related skills/qualifications acquired from employment or other experience, such as computer skills or other machines, memberships in professional societies, etc.) *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

Job related licenses/certificates (such as hazardous materials, pilot, registered nurse, etc.) Commercial Drivers, please include page		
License/Certificate	Date	Licensing Agency

In order to determine if you are of legal working age, are you 18 years of age or older?	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No
<i>Proof of citizenship or immigration status will be required upon employment.</i>		

Employment History

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. *You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.*

Employer Name & Address		Dates Employed	
		From:	
		To:	
		Avg Hours/Week	
Job Title	Supervisor	May we contact?	
	Phone Number	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Reason for leaving:			
Description of Work:			

Employer Name & Address		Dates Employed	
		From:	
		To:	
		Avg Hours/Week	
Job Title	Supervisor	May we contact?	
	Phone Number	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Reason for leaving:			
Description of Work:			

Employer Name & Address		Dates Employed	
		From:	
		To:	
		Avg Hours/Week	
Job Title	Supervisor	May we contact?	
	Phone Number	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
Reason for leaving:			
Description of Work:			

Use additional sheets if necessary

<p>During the last 10 years, were you fired from any job for any reason, quit after you were told you would be fired, or leave by mutual agreement because of specific problems? Explain:</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
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Use additional sheets if necessary

THIS PAGE IS FOR COMMERCIAL DRIVERS ONLY

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past three (3) years; attach additional sheets if needed.

LICENSE INFORMATION

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVERS EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS:

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations)

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operator a motor vehicle? If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? If yes, explain:

References

Name	Phone Number	Address

YOU MUST SIGN THIS APPLICATION. *Read the following carefully before you sign.*

I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after beginning work.

I understand that any information I gave may be investigated as allowed by law.

I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations.

I hereby authorize the San Luis & Delta Mendota Water Authority to check any references I have provided.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith

Signature

Date

We are an equal opportunity employer. We make employment decisions without regard to race, color, religion, sex, gender, gender identity, pregnancy, sexual orientation, age, national origin, ancestry, marital status, domestic partner status, veteran status, disability, or any other class protected by applicable law, are not factors in employment, promotion, compensation, or termination.

It is the policy of the San Luis & Delta Mendota Water Authority to keep applications "active" for a total period of thirty (30) days.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Job Title: _____ Date of Hire: _____

APPLICANT AFFIRMATIVE ACTION INFORMATION FORM

Voluntary

Thank you for your interest in employment with our Company. The following questions about your race and gender and Protected Veteran status are included only because of government regulations. As an Equal Opportunity Employer, the San Luis & Delta Mendota Water Authority does not use this information in its employment decisions, so whether or not you return this form has no effect on your application. To the extent we are a government contractor subject to the Vietnam Era veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, we comply with requirements to take affirmative action regarding the employment of, and advancement in employment of, qualified Protected Veterans (disabled veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, and recently separated veterans). If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely. Submitting this information is voluntary. Providing it or declining to provide it will not affect your application or employment in any way. If you choose to submit the information, it will be kept confidential to the extent provided by law.

1. Name: _____

2. Date of application: _____

3. Position(s) applied for: _____

4. Gender: Male Female

5. Race/ethnic background (check one only):

- | | |
|---|---|
| <input type="checkbox"/> Hispanic/Latino | Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. |
| <input type="checkbox"/> White | Persons having origins in any of the original peoples of Europe, the Middle East or North Africa. |
| <input type="checkbox"/> Black/African American | Persons having origins in any of the black racial groups of Africa |
| <input type="checkbox"/> Asian | Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> American Indian/Alaska Native | Persons having origins in any of the original peoples of North and South America (including Central America), and whose main tribal affiliation or community attachment. |
| <input type="checkbox"/> Two or more Races | Non-Hispanic persons who identify with more than one of the following five races: (1) White, (2) Black, (3) Asian, (4) Native Hawaiian/Other Pacific Islander, (5) American Indian/Alaska Native. |

6. Veteran Status:

- a. Status: Check one of the following boxes

I identify as one or more of the classifications of the Protected Veteran listed below.

I identify as a veteran, just not a Protected Veteran.

I am not a veteran.

I do not wish to self-identify.

- b. Protected Veterans are described as:

Disabled Veteran	(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service connected disability, or who would be so entitled but for receipt of military retired pay).
Active Duty Wartime or Campaign Badge Veteran	(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at http://www.opm.gov/staffingportal/vgmedal2.asp)
Armed Forces Service Medal Veteran	(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).
Recently Separated Veteran	(veteran who served on active duty and was discharged or released from active duty within the last three years).

7. Referral Source:

- | | |
|--|---|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employee | <input type="checkbox"/> School |
| <input type="checkbox"/> Other | <input type="checkbox"/> Advertisement – Source _____ |

Name of person who referred you (if applicable) _____

If you wish to provide this information, you may submit it with your application form or send it to the appropriate address