



EMPLOYMENT APPLICATION
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
MAMMOTH COMMUNITY WATER DISTRICT
PERSONNEL SERVICES DEPARTMENT
P.O. BOX 597
1315 MERIDIAN BOULEVARD
MAMMOTH LAKES, CA 93546
(760) 934-2596 FAX (760) 924-4526

Applicant Information

Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Address – No. and Street or P.O. Box No. Apartment/Unit No.

_____ *City State ZIP Code*

Home Phone: _____ Email: _____

Alternate Phone: _____ Social Security No. (Optional): _____

Position Applying For (Show exact title. Separate application required for each position being applied for.): _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the United States? YES NO

Are you now or have you ever been employed by the District? YES NO If YES, give position, department and date(s) of employment: _____

Are you related by blood or marriage to any person(s) presently employed by the District? YES NO

If YES, give name of relative, relationship and department where employed: _____

Education

High School Name: _____ Location: _____

Graduated From High School: Did not graduate but have _____ years of school. Did not graduate but possess a GED high school level certificate:

College/University/School Name (After High School, list each.): _____ Major: _____

Total Units: _____ Hours: _____ Did you graduate? YES NO Type of Degree: _____

Other College/University/School Name: _____ Major: _____

Total Units: _____ Hours: _____ Did you graduate? YES NO Type of Degree: _____

Special Requirements (License-Certificate-Registration)

Completion of section is required only if the position for which you are applying requires it. Verification of possession may be required.

Driver License No.: _____ Expiration Date: _____

Issuing State: _____ Endorsement(s): _____

License Type: _____

Certificate Name: _____ Certificate No.: _____

Issuing Agency: _____ Expiration Date: _____

Certificate Type/Level: _____

Registration Name: _____ Registration No.: _____

Issuing Agency: _____ Expiration Date: _____

Registration Type/Level: _____

Previous Employment (Show most recent first, include past 5 years at a minimum, unless indicated otherwise we may contact employers listed.)

Company: _____ Phone: _____

Address: _____ Supervisor & Title: _____

Job Title: _____ From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____ Reason for Leaving: _____

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor & Title: _____

Job Title: _____ From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____ Reason for Leaving: _____

Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor & Title: _____
Job Title: _____ From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____ Reason for Leaving: _____
Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor & Title: _____
Job Title: _____ From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____ Reason for Leaving: _____
Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor & Title: _____
Job Title: _____ From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____ Reason for Leaving: _____
Responsibilities: _____

How did you hear about this position? Paper Web Job Line Job Announcement Friend Radio Other Please Specify/Comments: _____

Certificate of Applicant

Read this statement carefully before signing. I hereby certify that all the information provided in this Employment Application is true, correct and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights to employment by Mammoth Community Water District.

Signature (By typing in my name, I acknowledge signing this application): _____ Date: _____

Department/Office Use Only

Accepted? YES NO Subject To? Exp Educ Lic DMV Rpt Cert Other Date: _____ By: _____