



ENCINA WASTEWATER AUTHORITY
6200 Avenida Encinas, Carlsbad, CA 92011

INSTRUCTIONS TO APPLICANTS FOR EMPLOYMENT

1. The employment application is one of the most important screening and selection tools used by the EWA. It is used at all points of the hiring process, and is the applicant's primary method of illustrating his/her qualifications. Applications must be filled out completely and clearly show that the minimum qualifications are met. False statements, as well as failure to disclose requested information, will be cause for disqualification, removal from an eligibility list, or discharge from employment. Resumes may be attached, but will not be accepted in lieu of a completed EWA application form. If more space is needed, attach additional sheets. Please print clearly in ink, or type.
2. All statements made on the application are subject to investigation and verification, and applicants may be required to provide documentary evidence of certificates, degrees, training, experience, licenses or educational credits.
3. Completed application materials must be received by the Human Resources Office by 4:00 p.m. on the closing date. Postmarks will not be accepted. Applications and other related application materials, whether accepted or rejected, shall not be returned.
4. Applicants must complete a separate application form for each position for which they are applying. Applications shall only be accepted during a recruitment period for the designated position(s), and will not be held for future recruitments.
5. Final candidates will be required to provide a current printout of their driving record from the Department of Motor Vehicles. Do not submit DMV printouts with application materials –it will be requested at a later time.
6. In compliance with the Immigration and Reform & Control Act of 1986, all new employees must verify identity and entitlement to work in the United States by providing required documentation.
7. Candidate(s) chosen for the position may be required to take and pass a substance abuse test, which will be included during the employment entrance medical examination. A positive test will disqualify an applicant from employment if it indicates abuse of alcohol, use of illegal drugs or improper prescription drug use. Applicants who refuse to submit to a test will also be disqualified from employment. Candidates are cautioned not to quit or give notice to present employers until they qualify on the medical and drug screen examination.

EQUAL OPPORTUNITY

The Encina Wastewater Authority does not discriminate on the basis of age, sex, race, color, religion, national origin, ancestry, marital status or physical disability in its employment actions, decisions, policies and practices.



ENCINA WASTEWATER AUTHORITY

Application for Employment

Encina Wastewater Authority (EWA) is an equal opportunity employer. As such, EWA considers applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientations, ancestry, marital or veteran status, mental or physical disability, or any other legally protected status. Qualified disabled applicants with special needs who desire assistance in completing the application process must notify the EWA in advance, and, whenever possible, a reasonable accommodation will be made in accordance with current regulations.

ANSWER ALL QUESTIONS. TYPE OR USE INK (PLEASE PRINT).

| | | | | |
|-----------------------------------------------------------------------------------|---------|----------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Name (Last) | (First) | (Middle) | Date | Are you 18 years of age or older? |
| | | | Yes | No |
| For checking prior records, provide other names under which you have worked. | | | Daytime Phone () | Evening Phone () |
| Present Address (No. and Street) | | | City | State Zip |
| Position Applied For (Give job title as advertised) | | | Have you previously applied for a position with the EWA? | |
| | | | Yes No | |
| Can you, after employment, submit proof of your legal right to work in the U.S.? | | | Do you have any relatives currently employed by EWA? | |
| Yes No | | | Yes No | |
| Driver's License Number State Exp. Date | | | (If yes, this does not exclude you from employment. It is used to prevent placement that may create conflicts of interest.) | |

EDUCATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------|---------------------------------|
| High School | City, State | Highest Grade Completed (1-12) | Did you graduate? |
| | | | Yes No GED |
| College, Business or Trade School | City, State | Attendance Dates (From/To) | Major Subject, Degree Year |
| | | to | |
| | | to | |
| | | to | |
| | | to | |
| Certificates, licenses, training and/or skills that are related to the position you are seeking. (Language, office equipment, machine operations, typing speed, etc.) | | | |
| Have you ever been discharged or forced to resign from a position? (If yes, indicate which job and why. Attach additional pages if necessary.) | | | |
| Yes No | | | |

EMPLOYMENT HISTORY

| | | | | |
|--------------------------------|---------------------------------------------|------------------------------------------|------------------------|-----------------------------|
| 1 Employer Name | | | Type of Business | |
| Address | | | Evening Phone () | |
| Dates Employed (From/To) to | Starting Title | Last Title | Starting Annual Salary | Final/Current Annual Salary |
| Name of Supervisor | May we contact now? Yes No | Reason for leaving or desiring to leave? | | |
| Brief Description of Duties | | | | |

| | | | | |
|--------------------------------|----------------------------------|------------------------------------------|-------------------------|----------------------|
| 2 Employer Name | | | Type of Business | |
| Address | | | Evening Phone () | |
| Dates Employed (From/To) to | Starting Title | Last Title | Starting Salary | Final/Current Salary |
| Name of Supervisor | May we contact now? Yes No | Reason for leaving or desiring to leave? | | |
| Brief Description of Duties | | | | |

| | | | | |
|--------------------------------|----------------------------------|------------------------------------------|-------------------------|----------------------|
| 3 Employer Name | | | Type of Business | |
| Address | | | Evening Phone () | |
| Dates Employed (From/To) to | Starting Title | Last Title | Starting Salary | Final/Current Salary |
| Name of Supervisor | May we contact now? Yes No | Reason for leaving or desiring to leave? | | |
| Brief Description of Duties | | | | |

| | | | | |
|--------------------------------|----------------------------------|------------------------------------------|-------------------------|----------------------|
| 4 Employer Name | | | Type of Business | |
| Address | | | Evening Phone () | |
| Dates Employed (From/To) to | Starting Title | Last Title | Starting Salary | Final/Current Salary |
| Name of Supervisor | May we contact now? Yes No | Reason for leaving or desiring to leave? | | |
| Brief Description of Duties | | | | |

Summarize prior relevant experience and fill in periods of unemployment or periods not accounted for above. Use a separate sheet of paper if you need more space.

Where/How did you learn about this job opening?

PLEASE READ VERY CAREFULLY

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from EWA service if I have been employed.

I understand that offers of employment are contingent upon successful completion of an EWA-paid physical examination to see if the undersigned applicant is fit to perform the essential functions of the job. All job applicants who are selected to fill a position must, as part of that physical examination, submit to and pass a drug-screening test. Some job classifications require a respirator fitness evaluation.

I understand that employment with the EWA is for an indefinite and unspecified duration and that employment with the EWA is at the mutual consent of the employee and the EWA and can be terminated at will, at any time, by the employee or the EWA per EWA's Human Resources Policy Manual.

I agree that the Encina Wastewater Authority and my previous employers shall not be held liable in any respect if any employment offer is not tendered, is withdrawn or my employment is terminated due to falsity of the statements and answers in this application form or during my interview(s).

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT.

Signature (Acknowledgement) _____
Date



ENCINA WASTEWATER AUTHORITY Required Disclosure

[California Civil Code § 1786.16; 15 U.S.C. 1681 (b)]

You have submitted an application for employment with Encina Wastewater Authority. Please be aware that, as part of the application process, a background investigation may be commenced and an investigative consumer report regarding you may be sought as part thereof. The purpose of seeking an investigative consumer report regarding you is to evaluate your suitability for employment with Encina Wastewater Authority.

The Encina Wastewater Authority has specifically requested information regarding criminal history, education, and employment history. The investigative consumer report may include information on your character, general reputation, personal characteristics, and/or mode of living. The report will be made by Sutherlin Associated Services, 300 Carlsbad Village Drive, Suite 108A #354, Carlsbad, CA 92008-2999, (760) 433-1555. Sutherland Associated Services may also be contacted toll-free at (800) 217-1555.

You may request the investigative consumer reporting agency to provide you with a copy of the report and to make its files regarding you available for inspection. See Civil Code § 1786.10.

Signature

Printed Name

Date

