



Orland-Artois Water District
 P.O. Box 218
 6505 County Road 27
 Orland, CA 95963

Office: (530) 865-4304
 Fax: (530) 865-8497
 Website: oawd.org

Employment Application

Applicant Information

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

Date Of Birth: _____ Driver's License: State: _____ Number: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

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

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

If the District makes a conditional offer of employment to you, among the conditions of employment will be your consent to, and successful completion of, a pre-employment credit check, drug test, physical, and background check.

Applicant Understands that the District is an Equal Opportunity Employer and committed to excellence through diversity. Please print or type this application legibly and ensure that it is fully completed in order for it to be considered.

I, the applicant, certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that any false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Candidate Supplemental Questions

In order for the District to get a better sense of your writing skills and additional insights into your experience, please answer the following questions. Kindly limit your answers to one page for each question. You must submit your answers to these questions with your application in order for it to be deemed complete and to be considered.

1) Please tell us why you are interested in this position and why it is a good time in your career to become the General Manager of the Orland-Artois Water District?

2) Please give a brief description of your management style.