



121 Palomino Drive ♦ P.O. Box 517 ♦ Big Bear City, CA 92314 ♦ (909) 584-4018 ♦ www.bbarwa.org

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: (PLEASE PRINT EXACT TITLE)	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
--	--

APPLICATION INSTRUCTIONS: PLEASE READ THE JOB ANNOUNCEMENT TO DETERMINE IF YOU POSSESS THE NECESSARY QUALIFICATIONS FOR THE POSITION. YOU WILL ONLY BE CONSIDERED FOR EMPLOYMENT IF THIS APPLICATION IS COMPLETED IN ITS ENTIRETY. IF YOU CHOOSE NOT TO COMPLETE THIS FORM ELECTRONICALLY, PLEASE PRINT LEGIBLY USING BLUE OR BLACK INK. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION AND INCORRECT OR INCOMPLETE STATEMENTS MAY BAR OR REMOVE YOU FROM ELIGIBILITY FOR EMPLOYMENT WITH THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY, READ THE CERTIFICATE OF APPLICANT CAREFULLY BEFORE SIGNING.

PERSONAL DATA

NAME (LAST, FIRST, MIDDLE)			
HOME ADDRESS (NUMBER AND STREET)		CITY	STATE ZIP CODE
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE		CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	WORK TELEPHONE NUMBER	
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: NUMBER: CLASS: EXP:			E-MAIL ADDRESS

EDUCATION AND TRAINING

NAME OF HIGH SCHOOL		CITY & STATE		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> H.S. DIPLOMA <input type="checkbox"/> G.E.D.	
NAME/LOCATION OF COLLEGE(S), BUSINESS OR TRADE SCHOOLS ATTENDED		DATES ATTENDED	DEGREE AWARDED?	CREDITS EARNED (SEM/QTR)	TYPE OF DEGREE
		FM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		FM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		FM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE DESCRIBE ADDITIONAL WORK, TRAINING, CERTIFICATES, LICENSES, AND/OR MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS THAT WOULD QUALIFY YOU FOR THIS POSITION.					
PLEASE DESCRIBE OTHER PERTINENT SKILLS YOU HAVE, SUCH AS WORD PROCESSING, COMPUTER, MACHINE/EQUIPMENT OPERATIONS, OR FOREIGN LANGUAGE SKILLS.					

HUMAN RESOURCES DEPARTMENT ONLY		
Reviewed by:	Application Status: <input type="checkbox"/> Application Accepted <input type="checkbox"/> Application Rejected	Reason(s) for Rejection <input type="checkbox"/> Experience Deficient <input type="checkbox"/> Education Deficient <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Late Application

PRINT NAME:
LAST:

FIRST:

MIDDLE:

EMPLOYMENT HISTORY: LIST YOUR WORK FOR THE LAST **TEN YEARS**. BEGIN WITH YOUR MOST RECENT OR CURRENT POSITION. IF JOBS HELD PRIOR TO TEN YEARS AGO RELATE TO THE POSITION APPLIED FOR, LIST THOSE ALSO. INCLUDE SELF-EMPLOYED AND U.S. MILITARY SERVICE. DESCRIBE THE WORK YOU DID AS COMPLETELY AS POSSIBLE. LIST EACH PROMOTION SEPARATELY. EXPLAIN ANY GAPS BETWEEN EMPLOYMENT PERIODS. IF MORE SPACE IS NEEDED, USE A SEPARATE SHEET **PREPARED IN THE SAME FORMAT** AND ATTACH SECURELY. INCLUDE VOLUNTEER WORK IF IT APPLIES FOR THE POSITION IN WHICH YOU ARE APPLYING.

FROM:	TO:	JOB TITLE:
EMPLOYER NAME AND ADDRESS:		DUTIES:
SUPERVISOR NAME AND TITLE:		
MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE NUMBER:		REASON FOR LEAVING OR WANTING TO LEAVE:
FROM:	TO:	JOB TITLE:
EMPLOYER NAME AND ADDRESS:		DUTIES:
SUPERVISOR NAME AND TITLE:		
MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE NUMBER:		REASON FOR LEAVING OR WANTING TO LEAVE:
FROM:	TO:	JOB TITLE:
EMPLOYER NAME AND ADDRESS:		DUTIES:
SUPERVISOR NAME AND TITLE:		
MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE NUMBER:		REASON FOR LEAVING OR WANTING TO LEAVE:
FROM:	TO:	JOB TITLE:
EMPLOYER NAME AND ADDRESS:		DUTIES:
SUPERVISOR NAME AND TITLE:		
MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE NUMBER:		REASON FOR LEAVING OR WANTING TO LEAVE:

PRINT NAME:
LAST:

FIRST:

MIDDLE:

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? YES NO IF YES, PLEASE EXPLAIN BELOW, ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

ARE YOU CAPABLE OF PERFORMING, WITH OR WITHOUT REASONABLE ACCOMMODATION, THE ESSENTIAL FUNCTIONS AND ACTIVITIES INVOLVED IN THE POSITION FOR WHICH YOU HAVE APPLIED? YES NO

ARE YOU RELATED TO ANY EMPLOYEE OF THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY? YES NO

"RELATIVE IS DEFINED AS A SPOUSE, CHILD, STEP-CHILD, PARENT, STEP-PARENT, PARENT-IN-LAW, LEGAL GUARDIAN, BROTHER, SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, STEP-SISTER, STEP-BROTHER, AUNT, UNCLE, NIECE, NEPHEW, GRANDCHILD, GRANDPARENT, REGARDLESS OF THEIR PLACE OF RESIDENCE; OR ANY OTHER INDIVIDUAL RELATED BY BLOOD OR MARRIAGE. IF YES, PROVIDE THE NAME OF THAT PERSON AND YOUR RELATIONSHIP BELOW:

RELATIVE'S NAME:

RELATIONSHIP:

CERTIFICATE OF APPLICANT: I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AN ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, OR IN ANY STEP OF THE EMPLOYMENT SELECTION PROCESS, WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

I CERTIFY THAT I HAVE READ AND MEET THE SPECIFIC REQUIREMENTS LISTED ON THE ANNOUNCEMENT FOR THIS POSITION. I UNDERSTAND THAT I MAY BE REQUESTED TO SUBMIT PROOF OF QUALIFICATION AT A LATER DATE. IF UPON CHECKING THESE IT IS DETERMINED THAT I DO NOT MEET SPECIFIC REQUIREMENTS, I UNDERSTAND THAT I WILL BE DISQUALIFIED.

I AUTHORIZE THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY TO MAKE INVESTIGATIONS AND INQUIRIES THAT ARE RELATED TO THE REQUIREMENTS OF THIS POSITION FOR WHICH I AM APPLYING, INCLUDING THAT OF MY EMPLOYMENT, FINANCIAL, AND MEDICAL HISTORY, AND ANY OTHER RELATED MATTERS WHICH DEPENDENT UPON THE POSITION MAY INCLUDE, BUT ARE NOT LIMITED TO, A HIRE RIGHT, LEXUS0NEXUS DATABASE SEARCH, CREDIT CHECK AND PSYCHOLOGICAL EVALUATION. IN ARRIVING AT AN EMPLOYMENT DECISION, I HEREBY RELEASE EMPLOYERS, SCHOOLS, OR PERSONS FOR ANY LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT WITH THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY.

IF I AM A FINALIST FOR THIS POSITION, I HEREBY AUTHORIZE THE HUMAN RESOURCES COORDINATOR OF THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY TO OBTAIN INFORMATION REGARDING MY REFERENCES, EDUCATION OR TRAINING, PRIOR EMPLOYMENT, CRIMINAL HISTORY AND DRIVING RECORD PROVIDED BY THE DEPARTMENT OF MOTOR VEHICLES (DMV). I UNDERSTAND THAT THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY HAS A RIGHT TO OBTAIN ANY CRIMINAL HISTORY INFORMATION. ALL CANDIDATES WILL BE FINGERPRINTED FOR THE PURPOSE OF A CONFIDENTIAL BACKGROUND INVESTIGATION CONDUCTED BY THE DEPARTMENT OF JUSTICE, AND WILL BE REQUIRED TO TAKE AND PASS A DRUG TEST AND PHYSICAL EXAMINATION PRIOR TO AN EMPLOYMENT OFFER AT THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY'S EXPENSE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.

SIGNATURE:

DATE:

"THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY IS AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE EMPLOYER AND COMPLIES WITH TITLE VII OF THE CIVIL RIGHTS ACT AS AMENDED AND ALL OTHER APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION. IT IS THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY'S POLICY TO MAKE EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, GENDER, COLOR, ETHNICITY, RELIGION, NATIONAL ORIGIN/ANCESTRY, AGE, MARITAL STATUS, SEXUAL ORIENTATION, DISABILITY, MEDICAL CONDITION, PREGNANCY, VETERAN'S STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS, OR ASSOCIATION WITH INDIVIDUALS WITH THESE CHARACTERISTICS, EXCEPT WHERE SUCH QUALIFICATIONS ARE BONA-FIDE OCCUPATIONAL QUALIFICATIONS."

DISABILITIES

NOTE: THE BIG BEAR AREA REGIONAL WASTEWATER AGENCY ENCOURAGES QUALIFIED INDIVIDUALS WITH DISABILITIES TO APPLY FOR EMPLOYMENT. INDIVIDUALS WHO WILL REQUIRE REASONABLE ACCOMMODATION IN ORDER TO PARTICIPATE IN ANY PORTION OF THE APPLICATION, INTERVIEW, AND/OR TESTING PROCESS MAY VOLUNTARILY REQUEST THE ACCOMMODATION FROM THE AGENCY FIVE (5) WORKING DAYS PRIOR TO THE REQUESTED ACCOMMODATION.

PRINT NAME:

LAST:

FIRST:

MIDDLE:

ADDITIONAL INFORMATION: