

HUMAN RESOURCE DEPARTMENT USE ONLY			
		DATE	
Rec'd by	___ / ___ / ___		
Acceptd by	___ / ___ / ___		
Rej. by	___ / ___ / ___		
Reason	_____		
NOTICES MAILED			
written	perf	oral	list

**PLACER COUNTY WATER AGENCY**  
*AN EQUAL OPPORTUNITY EMPLOYER*  
**P. O. Box 6570**  
**Auburn, CA 95604**  
**(530) 823-4958**

**APPLICATION FOR EMPLOYMENT**

Name

Last

First

Middle

Address

Street

City

State

ZIP

Social Security Number

Phone No.

Driver's License No.

State

Type

State name and department of any relatives already employed by this company:

How did you learn about this job?

Position  
Applying For:

Date you  
can start

Salary  
desired

Are you employed now?

If so, may we make inquiry  
of your present employer?

Ever applied to

Placer County Water Agency before?

What job?

When?

**EDUCATION**

**HIGH SCHOOL GRADUATE . . . YES  NO  OR**

**PASSED HIGH SCHOOL EQUIVALENCY TESTS . . . YES**

NAME AND LOCATION OF COLLEGE, UNIVERSITY, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOLS	COURSE OF STUDY	COMPLETED		DEGREE
		SEMESTER UNITS	QUARTER UNITS	

Have you ever been discharged from employment or forced to resign YES  NO

If yes, give details (comments section below)

Have you ever pled guilty, nolo contendere or been convicted of a felony, **excluding marijuana convictions over two years old**, or, within the last 5 years, a misdemeanor or traffic violation for which you paid a fine of \$100 or more? YES  NO

If yes, please give details in comments section giving 1) date, 2) charge, 3) place, 4) court, 5) action taken, 6) signature *(convictions are not necessarily disqualifying and will be considered on the basis of job relatedness)*

**SPACE BELOW IS PROVIDED FOR AN EXPLANATION, IF NECESSARY, OF ITEMS ABOVE, or to list any special skills or training.**



