

CHINO BASIN WATERMASTER EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Applicants are considered without regard to ancestry, race, color, religious belief, gender, age, national origin, sexual orientation, marital status, veteran status, physical or mental disability, or any other classifications protected by law.



Thank you for considering employment with Chino Basin Watermaster. To make the application process as easy as possible, read and follow these instructions.

Name: _____ Email: _____

Phone Number: _____ Cell/Alternate Number: _____

Position Applying For: _____ Today's Date: _____

INSTRUCTIONS

1. Please answer all questions, providing enough detail to allow for full review and evaluation.
2. A resume may be attached, but will not be accepted in lieu of completed application form.
3. Use a separate application for each position you are applying for.
4. Inquiry may be made of your former and current employers and the last school you attended. Please provide the name and phone number of each supervisor on this form.
5. Notify Chino Basin Watermaster if you change your address or telephone/cell number.

Please attach any additional information to your application which you feel will help us in our evaluation of your qualifications. Before you return your application, recheck it to make sure that it is correct and complete. Thank you for your interest in employment with Chino Basin Watermaster.

TURN THE PAGE TO COMPLETE APPLICATION

13. Experience: Please give enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper.

This section must be fully completed. A resume may be attached but will not be accepted in place of this section.

Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees supervised By You	Supervisor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Reason for Leaving				
Reason for Leaving				
Dates of Employment To Mo. Year Mo. Year	Employer (Business or Agency Name)	Address	City	State
Hours Per Week	Title of Your Position	No. Employees supervised By You	Supervisor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
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Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Reason for Leaving				
Reason for Leaving				

14. **REFERENCES:** Give names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

Name	Address	Telephone Number	Business or Occupation
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Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be ground to deny employment or for disciplinary dismissal after employment.

X

Signature

Date