## **APPLICATION FOR EMPLOYMENT**

Forest Lakes Mutual Water Company 910 Fern Ave., Felton, CA 95018

Phone: 831-335-5774 Fax: 831-335-9779

Website: www.forestlakesfelton.com

Forest Lakes Mutual Water Company is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, age, physical or mental disability, medical condition, or sexual orientation.

Title of Position Apply	ying For		Date of Application		
Personal Inform	action				
Last Name	iation	First Name	Middle Name		
Address	Street	City	State	Zip	
Telephone Number Email Address					
How did you hea	r about this position?				
Do you have a va	ılid California Driver's Lice	ense?   Yes   No			
License Number		Type of License	Expiration Da	te	
Desired Salary:		Da	ate Available:		
Do you need reas	sonable accommodations	to take a written test or interview	r? □ Yes □ No		
Are you a U.S. Citizen or are you legally authorized to work in the U.S.?			☐ Yes ☐ No		
May we contact your present employer?			☐ Yes ☐ No		
May we contact your former employers?			☐ Yes ☐ No		
Have you previously applied for employment with the District?			☐ Yes ☐ No		
Have you ever be	een terminated or asked t	☐ Yes ☐ No			
If yes, please exp	lain:				
Have you ever be	een employed by Forest L	☐ Yes ☐ No			
If yes, please exp	plain:				
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Education and Training				
Did you graduate from High	School?	☐ Yes ☐ N	i □ No	
If not, do you possess a GED	or equivalent?	☐ Yes ☐ N	No	
Please list any degrees, cert	ificates, and licenses below:			
<b>Employment History</b>				
·	experience in detail, beginning with your curre	nt or most recent	t position. If needed, attach	
additional sheets using the s	same format as on this application.			
Exact Job Title	Dates of Employment		Hrs. per Week	
Name of Employer	Address of Employer (include city and state)	Phon	ne Number	
Name of Supervisor	Number of Employees Y	Number of Employees You Supervised (if applicable)		
Reason for Leaving				
Exact Job Title	Dates of Employment		Hrs. per Week	
Name of Employer	Address of Employer (include city and state)	Phor	ne Number	
		1/10		
Name of Supervisor	Number of Employees Y	Number of Employees You Supervised (if applicable)		
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Name of Supervisor	Number of Employees Y	Number of Employees You Supervised (if applicable)		
Reason for Leaving				

## References

Please list at least three professional references.

Name of First Reference	Job Title and Company when	Job Title and Company where you worked together		
Relationship	Phone Number	Email Address		
Name of Second Reference	Job Title and Company wh	Job Title and Company where you worked together		
Relationship	Phone Number	Email Address		
Name of Third Reference	Job Title and Company wh	Job Title and Company where you worked together		
Relationship	Phone Number	Email Address		
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made in good faith. I understand t	hat any falsification or willful omis: e that the Company may verify pas	nd correct to the best of my knowledge and are sion shall be sufficient cause for dismissal or It employment and educational attainments and		
Signature:		Date:		