



South Orange County Wastewater Authority  
34156 Del Obispo Street, Dana Point, CA 92629 (949) 234-5400

## EMPLOYMENT APPLICATION

### IMPORTANT NOTICE

This is a very important document. You should be very careful as you complete it. **Answer each item accurately and completely. Failure to do so may result in you not being considered for the position, or in your termination if inaccurate or omitted information is discovered after your employment has begun.**

**Instructions:** Please **print** in ink or type

Resumes **will not** be accepted in lieu of Agency application, but may be attached.

A separate application is required for each position

Position applying for: \_\_\_\_\_ Full Time  Part Time

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### PERSONAL INFORMATION

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Name: \_\_\_\_\_  
Last First Middle

List all other names by which you have been known: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

City State Zip

Phone # \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary/Pay Desired: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you 18 years or older?  Yes  No

Can you, after employment, provide proof of the right to work in the USA?  Yes  No

Do you have a valid Driver's License?  Yes  No D/L # \_\_\_\_\_

Have you ever worked for SOCWA?  Yes  No

Are you related to anyone currently employed at SOCWA?  Yes  No

If Yes, please indicate name and relationship \_\_\_\_\_

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**EDUCATION**

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High School: \_\_\_\_\_  
Name #of Years Graduate? Major/Degree

High School: \_\_\_\_\_  
Name #of Years Graduate? Major/Degree

College: \_\_\_\_\_  
Name #of Years Graduate? Major/Degree

College: \_\_\_\_\_  
Name #of Years Graduate? Major/Degree

Trade/Other: \_\_\_\_\_  
Name #of Years Graduate? Major/Degree

Trade/Other: \_\_\_\_\_  
Name #of Years Graduate? Major/Degree

Subjects of Special Study: \_\_\_\_\_

\_\_\_\_\_

Special Training/Skills: \_\_\_\_\_

\_\_\_\_\_

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**PERFORMANCE OF JOB FUNCTIONS**

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Are you able to perform the essential job functions of the job for which you are applying, with or without accommodation?  Yes  No

Do you take illegal drugs?  Yes  No

Describe: \_\_\_\_\_

Do you use alcohol to the extent that it would impair your job performance?  Yes  No

Describe: \_\_\_\_\_

Is there any reason you would not be able to meet all attendance requirements?  Yes  No

Describe: \_\_\_\_\_

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**CRIMINAL MATTERS**

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Have you ever been convicted of, or pleaded guilty or nolo contendere to, a crime? Do not identify traffic infractions, misdemeanor marijuana convictions occurring more than two years ago, or convictions for which the criminal record has been expunged, sealed, or eradicated, or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.

Yes  No Number of times \_\_\_\_\_

Did any of the above result in imprisonment?  Yes  No Number of times \_\_\_\_\_

Explain each conviction, guilty, or nolo contendere plea fully. A conviction, guilty, or nolo contendere plea will not necessarily disqualify an applicant. \_\_\_\_\_

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Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in a plea, trial, or dropping of the charge) for which you are out on bail or on your own recognizance pending trial?  Yes  No Explain fully. A charge will not necessarily disqualify an applicant. \_\_\_\_\_

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**FORMER EMPLOYMENT**

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Name and Address of Employer: \_\_\_\_\_

Start (mo./yr.) \_\_\_\_\_ Salary: \_\_\_\_\_ End (mo./yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

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Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Exact reason for leaving: \_\_\_\_\_

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Name and Address of Employer: \_\_\_\_\_

Start (mo./yr.) \_\_\_\_\_ Salary: \_\_\_\_\_ End (mo./yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

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Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Exact reason for leaving: \_\_\_\_\_

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Name and Address of Employer: \_\_\_\_\_

Start (mo./yr.) \_\_\_\_\_ Salary: \_\_\_\_\_ End (mo./yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

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Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

Exact reason for leaving: \_\_\_\_\_

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**AUTHORIZATIONS: Please read carefully and initial each paragraph before signing**

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I declare under penalty of perjury that the facts contained in this application, resume, or other document submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment, if discovered at a later date. INITIAL\_\_\_\_\_

I voluntarily and knowingly authorize the release of all information requested by the Agency and/or another agency acting on the Agency's behalf for the purpose of preparing an investigative report. I further understand that my application for employment will not be complete until I have completed any additional paperwork required by the Agency and/or agency for the purpose of completing the investigative report. I understand that I have the right to request that the Agency and/or agency provide a complete disclosure of the nature and scope of the investigation, along with information in my investigative file during normal business hours upon reasonable notice. INITIAL\_\_\_\_\_

I authorize the investigation of all statements contained in this application/resume, an authorize any person, school, current and past employers and organizations to provide the Agency with records, information and opinion that may be useful in making a hiring decision. I release all informants of liability for any damage that may result from furnishing information and opinion which is truthful or made in good faith to the agency. INITIAL\_\_\_\_\_

I give permission for a pre-employment drug/alcohol screening exam and, if the Agency makes a conditional job offer, for a complete employment physical. I consent to the appropriate release of any and all medical information deemed necessary. INITIAL\_\_\_\_\_

I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of the Agency or myself. I understand and acknowledge that this constitutes the entire agreement between me and the agency regarding the term of my employment and supersedes any other oral or written agreement. INITIAL\_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to: SOCWA, 34156 Del Obispo Street, Dana Point, CA 92629