



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

PERSONAL INFORMATION

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 _____

EDUCATION

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: _____

FORMER EMPLOYMENT

Name and Address of Employer: _____

Start (mo./yr.) _____ End (mo./yr.) _____

Job Title: _____ Description of duties: _____

Supervisor: _____ May we contact? _____ Phone: _____

Exact reason for leaving: _____

Name and Address of Employer: _____

Start (mo./yr.) _____ End (mo./yr.) _____

Job Title: _____ Description of duties: _____

Supervisor: _____ May we contact? _____ Phone: _____

Exact reason for leaving: _____

Name and Address of Employer: _____

Start (mo./yr.) _____ Salary: _____ End (mo./yr.) _____ Salary: _____

Job Title: _____ Description of duties: _____

Supervisor: _____ May we contact? _____ Phone: _____

Exact reason for leaving: _____

AUTHORIZATIONS: Please read carefully and initial each paragraph before signing

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, and 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_____

Signature: _____ **Date:** _____

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