

**CRESTLINE LAKE ARROWHEAD WATER AGENCY**  
P.O. BOX 3880  
24116 CREST FOREST DRIVE  
CRESTLINE, CALIFORNIA 92325  
(909) 338-1779

**CONFIDENTIAL**  
**APPLICATION FOR EMPLOYMENT**

Please print or type your responses unless otherwise indicated.  
Additional pages may be attached if more space is required

The Crestline Lake Arrowhead Water Agency ("CLAWA") is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, ethnicity, sex, sexual orientation, gender identity or expression, age, religion, national origin, orientation, disability, veteran status, or membership in any other classification protected by applicable CLAWA also complies with all ADA mandates. We ask you to advise management if you believe you need a reasonable accommodation to a disability for either the application itself or the job duties relevant to the position to which you have applied.

LAST  
FIRST  
MIDDLE

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

NAME  
LAST FIRST MIDDLE

PRESENT ADDRESS  
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS  
STREET CITY STATE ZIP CODE

PHONE NUMBER ( ) \_\_\_\_\_

IF RELATED TO ANYONE IN OUR EMPLOY  
STATE NAME AND DEPARTMENT REFERRED BY  
(OMIT NAME OF SPOUSE)

**EMPLOYMENT DESIRED**

POSITION DATE YOU CAN START CAN YOU TRAVEL IF A JOB REQUIRES IT? SALARY DESIRED

WOULD YOU BE AVAILABLE TO WORK OVERTIME AND/OR WEEKENDS WHENEVER SCHEDULED OR OTHERWISE REQUIRED? IF NOT, WHAT IS YOUR AVAILABILITY?

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO CLAWA BEFORE? WHERE? WHEN?

**EDUCATION**

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HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

LANGUAGE SKILLS:

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SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR OTHER APPLICABLE SKILLS:

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LICENSES OR CERTIFICATES. PLEASE GIVE THE TITLE, NUMBER, DATE OF ISSUE, AND EXPIRATION DATE OF ANY JOB-RELATED LICENSE, CERTIFICATE OR JOURNEYMAN CARD WHICH YOU HOLD:

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JOB-RELATED ACTIVITIES AND ORGANIZATIONS:

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DRIVER'S LICENSE STATUS:

Do you currently possess a valid California Driver's License? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES": Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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**FORMER EMPLOYERS** (LIST BELOW LAST TEN (10) YEARS OF EMPLOYMENT, BEGINNING WITH PRESENT OR MOST RECENT - EXPLAIN ANY GAPS ON ACCOMPANYING PAGE. ADDITIONAL PAGES MAY BE ATTACHED, IF REQUIRED)

DATE MONTH AND YEAR	EMPLOYER	SALARY	POSITION	SUPERVISOR	REASON FOR LEAVING
FROM	NAME & ADDRESS:				
TO	JOB DESCRIPTION:				
FROM	NAME & ADDRESS:				
TO	JOB DESCRIPTION:				
FROM	NAME & ADDRESS:				
TO	JOB DESCRIPTION:				

(NOTE: ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON VERIFICATION OF ALL INFORMATION PROVIDED)

**REFERENCES** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY:

NAME
ADDRESS
PHONE NUMBER

All job offers may be conditioned upon a job-related physical examination to verify ability to perform the essential functions of the job for which you are applying, as well as a perfunctory criminal history background check. If you have any questions or concerns about this process, please feel free to inquire with management directly..

I authorize investigation of all statements contained in this Application and do hereby discharge the person to whom any request for information is presented from any and all manner of actions, claims and demands whatsoever, known or unknown, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or its agents or employees arising out of or by reason of complying with any request by CLAWA for information in connection with my Application for Employment with CLAWA. I understand that misrepresentation or omission of facts called for may result in my not being hired or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

