



Helix Water District

7811 University Avenue
La Mesa, CA 91942-0427
Telephone: 619-466-0585

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Helix Water District does not discriminate against any applicant for employment on the basis of age, gender, race, religious belief, national origin, marital status, physical or mental disability, ancestry, color, sexual orientation, or any other classifications protected by law.

POSITION APPLIED FOR: _____ **TODAY'S DATE:** _____

NAME Last First Middle

ADDRESS Number Street City/State/Zip

PHONE# CELL /ALTERNATE# EMAIL ADDRESS:

Name any relatives working at Helix Water District and their relationship to you:

Have you ever been invited in for a skills exercise at Helix Water District?

NO YES If Yes, when? ____MO ____YR

Are you over 18 years of age? NO YES

An Interview?

NO YES If Yes, when? ____MO ____YR

Have you ever been fired or asked to resign from any position? NO YES If Yes, when, where, and what were the circumstances?

Have you ever been convicted of a crime(s), either felony or misdemeanor, regardless of whether the conviction(s) resulted in a sentence, suspended sentence, probation, or other resolution following a plea of guilty or no contest, a verdict, or other finding of guilt? In responding to this question, do not include; arrests that did not lead to a conviction; misdemeanor convictions for marijuana-related offenses or for the possession of drug paraphernalia more than two years old; misdemeanors for which probation has been successfully completed or otherwise discharged, and the case has been judicially dismissed; convictions which have been sealed, expunged or eradicated; or any participation in or referral to any pre-trial or post-trial diversion program following conviction. NO YES

If your response is "Yes," please explain the circumstances of the conviction below. A response of "Yes" will not result in your automatic disqualification from employment.

EDUCATION: Circle highest grade completed: 8 9 10 11 12 G.E.D. COLLEGE: 1 2 3 4 5 6

Starting with High School, list all schools and special training below:

SCHOOL, CITY AND STATE	DEGREE, CERTIFICATE, OR SPECIAL COURSE WORK

SPECIAL JOB SKILLS & OTHER INFORMATION: (i.e.: typing, knowledge of computer systems and common software packages, special tools or equipment you can operate, any occupational licenses or water-related certificates held, why interested in this position, etc.)

Do you have funds on deposit with CalPERS? No Yes

HOW WERE YOU REFERRED TO US? (Please check box) Jobing.com Other website _____ Job-line
 Walk-in Current Employee _____ Newspaper _____ Other (specify) _____

NAME: _____

EXPERIENCE: This section must be filled out completely. Do not omit information. **A resume is not sufficient.** Account for all periods of employment full time or part time, for the **previous 15 years**, including volunteer or military positions. **Positions held prior to the last 15 years should be listed if directly related to the position for which you are applying.** Please describe activities during any periods of unemployment. **PUT YOUR PRESENT OR MOST RECENT JOB FIRST.** Attach a separate sheet of paper if necessary.

FROM _____ TO _____ month/year month/year	TITLE OF POSITION:
Name and phone # of employer:	SPECIFIC DUTIES:
Name of immediate supervisor:	EXPLAIN: ___ Quit ___ Layoff ___ Discharge ___ Current Employer Reason for leaving or wanting to leave:
May we contact your supervisor? ___ YES ___ NO	Salary rate: Begin _____ End _____ Full time ___ Part time ___ No. of hrs./week _____
FROM _____ TO _____ month/year month/year	TITLE OF POSITION:
Name and phone # of employer:	SPECIFIC DUTIES:
Name of immediate supervisor:	EXPLAIN: ___ Quit ___ Layoff ___ Discharge Reason for leaving:
May we contact your supervisor? ___ YES ___ NO	Salary rate: Begin _____ End _____ Full time ___ Part time ___ No. of hrs./week _____
FROM _____ TO _____ month/year month/year	TITLE OF POSITION:
Name and phone # of employer:	SPECIFIC DUTIES:
Name of immediate supervisor:	EXPLAIN: ___ Quit ___ Layoff ___ Discharge Reason for leaving:
May we contact your supervisor? ___ YES ___ NO	Salary rate: Begin _____ End _____ Full time ___ Part time ___ No. of hrs./week _____
FROM _____ TO _____ month/year month/year	TITLE OF POSITION:
Name and phone # of employer:	SPECIFIC DUTIES:
Name of immediate supervisor:	EXPLAIN: ___ Quit ___ Layoff ___ Discharge Reason for leaving:
May we contact your supervisor? ___ YES ___ NO	Salary rate: Begin _____ End _____ Full time ___ Part time ___ No. of hrs./week _____

PLEASE READ CAREFULLY

I hereby affirm that the answers and statements provided in this application are true and correct, and I authorize the District to investigate any information provided by me on this application. I understand that misrepresentation, falsification, or omission of information may result in refusal to hire, or my discharge, and that my employment will be subject to verification of conviction records, a negative drug test, and proof of authorization to work in the United States.

I authorize and release my previous employers to release to Helix Water District information relating to my employment with them, including but not limited to job performance, attendance, dates of employment, salary, and reason for termination. I authorize all schools which I have attended to furnish the District with transcripts of my scholastic record and verification of graduation date. I hereby release the District from any liability resulting from the above mentioned investigation.

Signature _____ Date _____

HELIX WATER DISTRICT
DRIVING RECORD QUESTIONNAIRE

Applicant's name: _____

Since many positions at Helix Water District require a valid **CALIFORNIA** Driver's License with a good record, we ask that **ALL** applicants complete the following questions:

1. Do you have a valid California Driver's License? Yes _____ No _____
When does it expire? _____
2. Do you have a Class A license (tractor-trailer)? _____
3. Do you have a Class B license (bus)? _____
4. Do you have a restricted license? If yes, what restrictions? Yes _____ No _____

5. Have you ever had your license suspended or revoked? Yes _____ No _____
If yes, date revoked, period and reason _____

6. Have you ever received a citation for driving under the influence of drugs or alcohol?
If yes, give the date.
Yes _____ No _____ Date: _____
7. List all accidents in the past 36 months where you were partially or fully responsible.
Also, please include all citations received in the past 36 months.
Date _____ Reason _____
Date _____ Reason _____
Date _____ Reason _____
Date _____ Reason _____
Date _____ Reason _____

By signing this questionnaire, you are affirming the information is true and correct. Any misrepresentation, falsification, or omission of information may result in refusal to hire or discharge.

Signature Date