

Application for Employment

We appreciate your interest in employment with the Mid-Peninsula Water District.

All applicants must submit a Mid-Peninsula Water District Application for Employment. It must be typewritten or filled out in blue or black ink. Applicants are encouraged to add additional pages, as necessary, to fully respond to requested information.

Once completed, it may be emailed to:

trudock@pcgengr.com

Or mailed/delivered in person to:

Mid-Peninsula Water District Attn: Recruitment Manager 1075 Old County Road, Suite A Belmont, CA 94002

A résumé may be attached but is not accepted in lieu of the application.

Once the recruitment closes, the applications will be reviewed and the most qualified candidates will be invited to an oral interview. The candidates not selected will receive an email or letter in the mail.

Application for Employment



We consider applicants for all positions without regard to race, color, religion, sex, gender, sexual orientation, national origin, age, marital or veteran status, disability, or any other legally protected status.

A PLEASE PRINT WHEN COMPLETING ALL SECTIONS				
Position(s) applied for:			Date of Application:	
Last Name First Na	First Name		Middle Name / Initial	
Address Number/Street	City		State	ZIP
Telephone Number(s) Cell Phone	Day		Evening	
Email Address				
How did you learn about this opportunity?				
В				
Have you ever filed an application with us before? \Box Yes \Box No		Are you authorized to United States for Mid-		
If yes, give date		🗆 Yes 🛛 No		
Have you ever been employed with us before?		In compliance with federal to verify identity and eligibi to complete the required er upon hire.	lity to work in the	e United States and
If yes, give date		On what date would y	vou be availab	le for work?
1 yos, give date				
Are you currently employed?		Indicate any language		
□ Yes □ No		that you can speak, re	ad, and/or wi	rite.
May we contact your present employer?				
□ Yes □ No		Do you have the ability recruitment job descrip		
Are you currently available to work:		modation?		
Full Time Part Time Temporary		🗆 Yes 🛛 No		

MPWD's Mission Statement

The mission of the MPWD is to deliver a safe, high-quality, reliable supply of water for current and future generations in a costeffective, environmentally-sensitive, and efficient manner.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment EMPLOYMENT EXPERIENCE



Start with your current or most recent job. Include military service assignments and volunteer activities which relate to the job for which you are applying. If you need additional space, please continue on a separate sheet of paper.

1.	Employer		Dates Employed From To	Reason for Leaving
	Telephone Number(s)			
	Address			-
	Job Title	Supervisor		-
	Work Performed			
2.	Employer		Dates Employed	Reason for Leaving
	Telephone Number(s)			
	Address			-
	Job Title	Supervisor		-
	Work			
	Performed			
	Performed			
			- Datas Employed	Decces for Loguing
	Performed Employer		Dates Employed From To	Reason for Leaving
5.			Dates Employed From To	Reason for Leaving
	Employer		Dates Employed From To	Reason for Leaving
-	Employer Telephone Number(s)	Supervisor	Dates Employed From To	Reason for Leaving
3.	Employer Telephone Number(s) Address Job Title	Supervisor	Dates Employed From To	Reason for Leaving
<u>}_</u>	Employer Telephone Number(s) Address Job Title	Supervisor	Dates Employed From To	Reason for Leaving

MPWD's Vision Statement

Providing quality water and essential service, since 1929...now...and into the future.

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Application for Employment EMPLOYMENT EXPERIENCE (continued)



Start with your current or most recent job. Include military service assignments and volunteer activities which relate to the job for which you are applying. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed From To	Reason for Leaving
Telephone Number(s)		
Address			
Job Title	Supervisor		
Work Performed		I	
Employer		Dates Employed From To	Reason for Leaving
Telephone Number(s)		
Address			
Job Title	Supervisor		
Work Performed			
Employer		Dates Employed	Reason for Leaving
	s)		Reason for Leaving
Employer	s)		Reason for Leaving
Employer Telephone Number(s) Supervisor		Reason for Leaving



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Application for Employment EDUCATION/CERTIFICATIONS



PLEASE PRINT WHEN COMPLETING ALL SECTIONS

Check all educational institutions you have attended:	Undergraduate Colleg	e/University	Graduate/Professional
Provide information for your most recent educational institut	ions.		
School Name #1	City		State
Describe course of study and any specialized training, degree	ees, or honors received.		
School Name #2	City		State
Describe course of study and any specialized training, degree	ees, or honors received.		
School Name #3	City		State
Describe course of study and any specialized training, degree	ees, or honors received.		
Provide information on certifications you have received.			
Certification		State	Year Received
Certification		State	Year Received
Certification		State	Year Received
Certification		State	Year Received



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Application for Employment REFERENCES



PLEASE PRINT WHEN COMPLETING ALL SECTIONS

Provide name, address, and telephone number of three business references who are not related to you.		
Reference #1	Contact name (if available)	
Address	Phone #	
Reference #2	Contact name (if available)	
Address	Phone #	
Reference #3	Contact name (if available)	
Address	Phone #	



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Application for Employment Applicant's statement



I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the Mid-Peninsula Water District (MPWD) is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a preemployment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and hereby acknowledge that any employment relationship with Mid-Peninsula Water District (MPWD) is of an "at will" nature, which means that the employee may resign at any time and the Mid-Peninsula Water District (MPWD) may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the Mid-Peninsula Water District (MPWD).

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Mid-Peninsula Water District (MPWD).

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Mid-Peninsula Water District (MPWD), I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

□ I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant:

Date:



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