

# AMADOR WATER AGENCY

## Employment Application



### EMPLOYMENT INFORMATION

Questions regarding job postings may be directed to Karen Gish HR/ Office Manager 209-257-5234 or [kgish@amadorwater.org](mailto:kgish@amadorwater.org)

Amador Water Agency  
 c/o Human Resources  
 12800 Ridge Road  
 Sutter Creek, CA 95685

### JOB POSITION

POSITION APPLYING FOR				
DEPARTMENTS AT AWA	Water Department <input type="checkbox"/>	Finance <input type="checkbox"/>	Wastewater <input type="checkbox"/>	Water Distribution <input type="checkbox"/>
	Administration <input type="checkbox"/>	Construction <input type="checkbox"/>	Engineering <input type="checkbox"/>	Electrical/Instrumental <input type="checkbox"/>
DURATION	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	

### APPLICANT INFORMATION

Last Name	Middle Name		First Name		
Street Address	Unit #		City		
State	Zip Code		Phone		
E-mail Address	List any other names you have used while working				
Are you related to an employee at AWA	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide name		
Employment is subject to verification that your age meets any legal requirements for the job applied for.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over 17 years of age?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been previously employed by the Agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide dates and positions		

### GENERAL INFORMATION

CA DL#	Do you have a valid California Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration Date	MM	DD	YYYY
Type of Driver's License	Class C (auto and light trucks) <input type="checkbox"/>	Class B (Buses) <input type="checkbox"/>	Class A (Heavy Trucks) <input type="checkbox"/>				
Are you willing to work weekends and overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

### RECRUITMENT INFORMATION

Date Available for Work	MM/DD/YYYY		
How did you hear about this job?	AWA Employee <input type="checkbox"/>	AWA Website <input type="checkbox"/>	AWA Newsletter <input type="checkbox"/>
	AWA Facebook Page <input type="checkbox"/>	Amador Ledger Dispatch <input type="checkbox"/>	Friend <input type="checkbox"/>
	KVGC AM/FM (Hometown Radio) <input type="checkbox"/>	Walk-In <input type="checkbox"/>	AWA Website <input type="checkbox"/>

EDUCATION				
Do you have the following?		High School Diploma <input type="checkbox"/>	GED <input type="checkbox"/>	
<b>High School</b>				
Name of School		Certificate/Degree		
Address, City, State, Zip		Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Collage/University</b>				
Name of School		Certificate/Degree		
Address, City, State Zip Code		Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Trade/Technical</b>				
Name of School		Certificate/Degree		
Address, City, State Zip Code		Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Other</b>				
Name of School		Certificate/Degree		
Address, City, State Zip Code		Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EMPLOYMENT HISTORY									
List present or most recent position first. Account for all time, including Military Service, for the past ten years. If you need more space, attach a separate sheet.									
Name of Firm or Organization									
Dates of Employment	MM	DD	YY	-	MM	DD	YY	Position	
Address (Address, City, State, Zip Code)									
Duties Performed:									
Name of Firm or Organization									
Dates of Employment	MM	DD	YY	-	MM	DD	YY	Position	
Address (Address, City, State, Zip Code)									
Duties Performed:									
Name of Firm or Organization									
Dates of Employment	MM	DD	YY	-	MM	DD	YY	Position	
Address (Address, City, State, Zip Code)									
Duties Performed:									

**SPECIAL TRAINING, SKILLS & QUALIFICATIONS**

Special License(s) and/or Certification(s)		Special Training and Qualification(s)	
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**OFFICE SKILLS**

Please check the proficiency level of the following Microsoft office program

	Word	Outlook	PowerPoint	Excel
Beginner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Familiar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Typing</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WPM	
			<b>Ten Key</b>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>
				Certified <input type="checkbox"/>
				Ten Key WPM

**CERTIFICATION AND RELEASE****Certification**

The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

**My name, submission or signature below certifies that I have read and understand this statement.**

**Signature**

**Date**

# AMADOR WATER AGENCY

Equal Employment Opportunity



EQUAL EMPLOYMENT OPPORTUNITY						
<b>To be completed by applicant:</b>						
Completion of this section is entirely VOLUNTARY. All information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal employment opportunity purposes. This information will not become part of your personnel record if you are hired by Amador Water Agency.						
<b>Gender</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>				
<b>Race/Ethnicity</b>	American Indian/Alaskan Native <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>	White <input type="checkbox"/>	
<b>Act of 1973 and 1974</b>						
<b>Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974.</b>						
<b>Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation.</b>						
<b>Optional</b> If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.						
Vietnam Era Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Individual with a Disability <input type="checkbox"/>		