

Employment History: List your work for the last **10 years**. Begin with your most recent or current position. If jobs held prior to 10 years ago relate to the position applied for, list these also. Include self-employed and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet **prepared in the same form** and attach securely. Include volunteer work if it relates to position for which you are applying.

<p>From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____</p>	<p>Job Title: _____ Duties: _____ _____ _____ Reason for leaving or wanting to leave: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:</p>
<p>From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____</p>	<p>Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:</p>
<p>From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____</p>	<p>Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:</p>
<p>From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____</p>	<p>Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:</p>
<p>From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____</p>	<p>Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:</p>

From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:
From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:
From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for leaving: _____ _____ Monthly Salary: Lowest \$ Highest \$ Hours per Week:

READ VERY CAREFULLY

I DECLARE THAT ALL ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNTRUTHFULNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL FROM AN ELIGIBLE LIST OR DISMISSAL FROM VVWRA EMPLOYMENT.

I CERTIFY THAT I HAVE READ AND MEET THE SPECIFIC REQUIREMENTS LISTED ON THE ANNOUNCEMENT FOR THIS POSITION. I UNDERSTAND THAT I MAY BE REQUESTED TO SUBMIT PROOF OF QUALIFICATION AT A LATER DATE. IF UPON CHECKING THESE, YOU DETERMINE THAT I DO NOT MEET SPECIFIC REQUIREMENTS, I UNDERSTAND THAT I WILL BE DISQUALIFIED.

I UNDERSTAND THAT IF I MEET THE PREREQUISITES FOR THE POSITION THAT I AM APPLYING FOR IF SELECTED , I MAY BE ASKED TO TAKE AN PROFILEXT ASSESMENT(S) AS PART OF VICTOR VALLEY WASTEWATER RECLAMATION AUTHORITIES HIRING PROCESS.

I UNDERSTAND THAT VVWRA MAY VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN MY APPLICATION FOR EMPLOYMENT. I HEREBY AUTHORIZE VVWRA TO OBTAIN INFORMATION THAT INCLUDES, BUT IS NOT LIMITED TO, INFORMATION REGARDING MY REFERENCES, EDUCATION, TRAINING, PRIOR EMPLOYMENT, CIVIL, CRIMINAL, AND CREDIT HISTORY, AND DRIVING RECORD. I UNDERSTAND AND AGREE THAT I WILL BE REQUIRED TO TAKE AND PASS A DRUG TEST, AND IF OFFERED EMPLOYMENT, A PRE-EMPLOYMENT MEDICAL EXAMINATION. I HEREBY RELEASE, AND HOLD HARMLESS, VVWRA AND ANY PERSON OR ENTITY PROVIDING INFORMATION IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT.

APPLICANT ORIGINAL SIGNATURE _____ DATE _____

APPLICANT DATA COLLECTION FORM

The following must be filled out completely for your application to be considered.

Have you ever been convicted of a crime? (Exclude convictions for misdemeanors offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed.) YES NO If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

VVWRA will not deny employment to any applicant solely because the person has been convicted of a crime. However, VVWRA may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

As an Equal Opportunity Employer, the Victor Valley Wastewater Reclamation Authority is required to submit periodic reports regarding applicants and current employees. To aid the Victor Valley Wastewater Reclamation Authority in its commitment of Equal Opportunity Employment and in order to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your application in any way. Any information you volunteer will be kept confidential.

This form is being submitted for the position of _____ with Victor Valley Wastewater Reclamation Authority.

1. Please check one: Female Male

2. Please check one: Under 40 40 or Over

3. Education: Circle highest year completed:
 8 9 10 11 12 13 14 15 16 17 18

4. Did you graduate? Yes No If, "No", received GED? Yes No

5. I consider myself to be (please check only one in this section):

- A. WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
- B. BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the Black racial groups of Africa.)
- C. HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
- D. ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.)
- E. AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment, which substantially limits one, or more major life activities, may be eligible for reasonable accommodation as defined by the American with Disabilities Act.

Do you have a physical disability or impairment? Yes No

If yes, please describe _____

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check one only):

<input type="checkbox"/> A friend or relative: _____	<input type="checkbox"/> Received notification by mail (job flyer)
<input type="checkbox"/> Daily Press	<input type="checkbox"/> Advertisement (newspaper, publication, television or radio), specify which:
<input type="checkbox"/> Visit to vwwra.com	<input type="checkbox"/> Referral from an organization or group, specify which:
<input type="checkbox"/> Website/Internet (please specify): _____	<input type="checkbox"/> Other, specify: _____