



**Solano County Water Agency**  
 810 Vaca Valley Parkway, Ste. 203  
 Vacaville, CA 95688

# Application For Employment

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.**

*(PLEASE PRINT)*

Position Applied for:	Date of Application
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Last name	First name	Middle Name
Address	Number	Street
City	State	Zip
Telephone Number(s)	Day	Evening
E-Mail		

On what date would you be available for work? \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_\_

## Education

	High School	Undergraduate College/University*	Graduate/Professional*
School Name, Location and Phone Number			
Years Completed	9   10   11   12	1   2   3   4	1   2   3   4
Describe Course of Study (attach additional page as needed)			
Describe any specialized training, Apprenticeship, skills and extra Curricular activities			
Describe any honors you have received			

\*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

<b>1.</b>	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
<b>2.</b>	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
<b>3.</b>	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

*If you need additional space, please continue on a separate sheet of paper.*

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


# **Applicant's Statement**

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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.

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 the Solano County Water Agency is of an "at will" nature, which means that the employee may resign at any time and the Solano County Water Agency 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 the General Manager of the Solano County Water Agency.

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 Solano County Water Agency.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_