

LAKESIDE WATER DISTRICT APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE): _____	DATE: _____
PRESENT ADDRESS (STREET, CITY, STATE, ZIP): _____	
PHONE NUMBER: _____	SOCIAL SECURITY # _____
REFERRED BY: _____	

EMPLOYMENT DESIRED:

POSITION: _____	
DATE YOU CAN START: _____	SALARY DESIRED: _____
ARE YOU EMPLOYED NOW? _____	MAY WE CONTACT YOUR EMPLOYER? _____
HAVE YOU EVER APPLIED TO LWD BEFORE: _____	WHEN: _____

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED ?
GRAMMAR SCHOOL	_____	

HIGH SCHOOL	_____	

COLLEGE UNIVERSITY	_____	

OTHER (SPECIFY)	_____	

OTHER INFORMATION:

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:

FORMER EMPLOYERS:

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

REFERENCES: Three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY: _____**ADDRESS:** _____ **PHONE:** _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ **DATE** _____

Submit with DMV report and High School and/or College Transcript.