

NIPOMO COMMUNITY SERVICES DISTRICT

148 SOUTH WILSON STREET/POST OFFICE BOX 326
NIPOMO, CA 93444

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INVESTIGATION POLICY: Nipomo Community Services District (NCSD) recognizes the importance of maintaining a safe work place with employees who are honest, trustworthy, qualified, reliable and non-violent, and who do not represent a risk of harm to their co-employees or others. For purposes of furthering these concerns and interests, before hiring a person NCSD reserves the right to investigate the applicant's employment history, personal references and educational background, as well as other relevant information that is reasonably available to NCSD. Consistent with these practices, all job applicants will be asked to sign an agreement requesting, authorizing and consenting to the release of information to NCSD in releasing all concerned from liability for disclosure of information. Consistent with legal requirements, NCSD reserves the right to exclude any applicant from consideration for employment if the applicant refuses to sign this agreement as requested. In hiring for certain positions, NCSD may review the applicant's credit report, driving record, and criminal background, if any. NCSD will **not** request criminal history information before making a conditional offer of employment and will comply with all legal restrictions requirements concerning collection and use of such information, including Government Code § 12952. An applicant who receives a conditional offer of employment will be asked to complete a supplemental disclosure of criminal history information.

NCSD's policies regarding company property, security, privacy, searches and its drug-free workplace policy provide further information about NCSD's discretion to investigate employees and mandatory reporting obligations. After receiving an offer of employment, any job applicant who wishes to review these policies before deciding whether to accept employment may do so by contacting NCSD.

1. POSITION APPLYING FOR : WATER OPERATOR I

2. _____
CANDIDATE NAME: (Last) (First) (Middle Initial)

CANDIDATE'S OTHER NAMES USED (To Verify Employment/Educational History):

NAME: (Last) (First) (Middle Initial)

NAME: (Last) (First) (Middle Initial)

3. _____
PRESENT MAILING ADDRESS: (Number/P.O. Box) (Street) HOME PHONE

(City) (State) (Zip Code) CELL PHONE

4. _____
PERMANENT ADDRESS (If different than above): (Street) EMAIL ADDRESS

(City) (State) (Zip Code)

5. Are you a relative of a current NCSD Board Member or employee? YES NO

If yes, state name(s), title(s), and relationship(s): _____

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NCSD does not permit the hiring of relatives of Board members and may refuse to hire relatives of present employees or if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest. For purposes of this application, "relative" is defined to include: parent, child, grandparent, grandchild, uncle, aunt, niece, nephew, cousin, sibling, spouse, domestic partner, cohabitants, or in-law relations (whether arising from a spouse or domestic partner relationship). "Relative" is intended to encompass all family-like relationships regardless of blood or legal relationship.

- 6. Are you 18 years of age or older? YES NO
- 7. If employed, can you produce verification of your legal right to work in the United States? YES NO
- 8. Do you speak, read and write a language other than English? YES NO
If so, please identify:

- 9. EDUCATION: Applicant may be required to furnish proof of academic training by transcript or diploma.
LAST HIGH SCHOOL ATTENDED: _____

Did you graduate? YES NO
If no, do you have GED certificate? YES NO

RÉSUMÉS MAY BE ADDED, BUT CANNOT BE SUBSTITUTED FOR THIS SECTION

College or University	Major/Minor	Units completed or Degree
Example: (XYZ University)	Example: (BS in Math)	Example: (120 units)

List any school courses, special skills, training, machines or equipment that you can operate that relate to the requirements of the position: _____

- 10. Driver's license number: _____
Date of expiration: _____ Class Number: _____
- 11. Collision history:
Have you been the driver of a vehicle involved in a collision in the past 5 years? _____ For each incident, please explain the circumstances surrounding the collision, including the date of the incident, whether any persons sustained injuries from the incident, and the approximate value of the damage resulting from the incident. _____

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12. EXPERIENCE: Show your present job first; then list all other jobs in order, working down from the most recent. Use a separate block for each job held even though with the same organization. List any job-related volunteer experience. If hours worked per week varied, give average. Account for all time for at least the last ten years. Attach additional sheet, if necessary.

Date/Salary/Hours	Exact Job Title and Duties	Employer's Name and Address
From ___/___/___ to ___/___/___ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____
From ___/___/___ to ___/___/___ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____
From ___/___/___ to ___/___/___ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____
From ___/___/___ to ___/___/___ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____

13. Were you ever discharged or asked to resign from a position? YES NO

Would you object to contacting of previous/current employer? YES NO

If you have answered yes to either of the above, please explain:

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- 14. The Nipomo Community Services District is an equal opportunity employer and does not discriminate in any aspect of the hiring process or employment relationship. No questions on this application and attachment will be used for the purpose of limiting or excusing any Applicant from consideration for employment on a basis prohibited by local, state, or federal law.
- 15. If the position for which you are applying is designated as "safety sensitive," then, the Nipomo Community Services District has a policy that any offer of employment shall be contingent upon the applicant successfully passing a drug test. Persons who do not successfully pass or who refuse to submit to the drug test will not be considered further.
- 16. Before the date of hire, Applicant shall be required to pass a physical exam by a physician at District's designation and expense. Nipomo Community Services District has a policy that any offer of employment shall be contingent upon the applicant successfully passing a physician's examination certifying that the applicant is fit to perform the duties of the position. Persons who refuse to cooperate in the examination or do not receive a physician's certification of qualification to do the type of work required by the position applied for will not be considered for employment.
- 17. Please attach any additional information with your application which you feel will help the District in its evaluation of your qualifications.
- 18. Prior to turning in your application to the District, re-check it to make sure it is correct and complete.
- 19. I understand that it is the District's policy not to refuse to hire a qualified individual because of this person's need for a reasonable accommodation that would be required by the ADA and/or the California FEHA. I understand that consideration will be given to reasonable accommodation that may be necessary for eligible applicants/employees to perform essential functions, including participation in any pre-employment process. If I require reasonable accommodation during the pre-employment process, I will contact the District's Assistant General Manager.
- 20. If job description requires employee to operate a District vehicle, I give the District the right to investigate my DMV records if it makes a conditional offer of employment to me.

21. CERTIFICATION OF APPLICANT:

(initials)

_____ I certify that all the statements made in this application are true and complete to the best of my knowledge. I understand that all statements are subject to verification by the District and any false statements or omissions of material facts may be considered sufficient to subject me to disqualification or dismissal regardless of the time elapsed before discovery.

_____ I hereby authorize the Nipomo Community Services District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the District any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosures. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that the Nipomo Community Services District may review my credit report, driving record, criminal background, if any, for certain positions. I understand that the District will **not** request criminal history information before making a conditional offer of employment and will comply with all legal

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restrictions requirements concerning collection and use of such information, including Government Code § 12952. I understand that, if I receive an offer of employment, it will be conditioned upon me completing a supplemental disclosure of criminal history information and a current DMV printout obtained within the past thirty (30) days.

Date: _____

Signature: _____

**JOB DESCRIPTION
STATEMENT OF PHYSICAL REQUIREMENTS
AND ENVIRONMENTAL FACTORS**

Name: _____

Job Title: WATER OPERATOR I

Job Description: Attached, receipt of which is hereby acknowledged.

PHYSICAL ACTIVITY REQUIREMENTS

Work Position	approx. 20%	approx. 30%	approx. 50%	70% or more
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Movements:

None = 0
 Occasional = 0 to ¼ work day
 Some = ¼ to ½ work day
 Frequently = ½ to ¾ work day
 Continuously = ¾ to full work day

Lifting:

	0 – 20 lbs	20-40-lbs	40-60 lbs	Up to 100 lbs
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuously	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Push and/or Pull
Loads:**

	0 – 20 lbs	20-40-lbs	40-60 lbs	Up to 100 lbs
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuously	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrying:

	0 – 20 lbs	20-40-lbs	40-60 lbs	Up to 100 lbs
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuously	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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STATEMENT OF PHYSICAL REQUIREMENTS
AND ENVIRONMENTAL FACTORS**

Bending:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Kneeling/ Squatting:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Reaching Overhead Stretching:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Climbing Stairs:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input checked="" type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input type="checkbox"/>
Climbing Ladders:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input checked="" type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input type="checkbox"/>
Crawling:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input checked="" type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input type="checkbox"/>
Working on Rough and/or Uneven Terrain:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Handling and Dexterity:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>

**ENVIRONMENTAL FACTORS
Related to Job Description**

<input checked="" type="checkbox"/> Outside	<input checked="" type="checkbox"/> Outside and inside	<input checked="" type="checkbox"/> Excessive heat
<input checked="" type="checkbox"/> Excessive cold	<input type="checkbox"/> Excessive humidity	<input checked="" type="checkbox"/> Excessive dampness or chilling
<input checked="" type="checkbox"/> Dry atmospheric conditions	<input checked="" type="checkbox"/> Excessive noise, intermittent	<input type="checkbox"/> Constant noise
<input checked="" type="checkbox"/> Dust	<input type="checkbox"/> Silica, asbestos, etc	<input checked="" type="checkbox"/> Fumes, smoke, or gases
<input type="checkbox"/> Solvents (degreasing agents)	<input checked="" type="checkbox"/> Grease and oils	<input checked="" type="checkbox"/> Radiant energy
<input checked="" type="checkbox"/> Electrical energy	<input checked="" type="checkbox"/> Slippery or uneven walking surfaces	<input checked="" type="checkbox"/> Working around machinery with moving parts
<input checked="" type="checkbox"/> Working around moving objects or vehicles	<input checked="" type="checkbox"/> Working on ladders or scaffolding	<input type="checkbox"/> Working below ground
<input type="checkbox"/> Unusual fatigue factors (specify)	<input checked="" type="checkbox"/> Working with hands in water	<input checked="" type="checkbox"/> Working closely with others (occasionally)
<input checked="" type="checkbox"/> Working alone (occasionally)	<input checked="" type="checkbox"/> Protracted or irregular hours of work	<input type="checkbox"/> Other (specify)

COMMENTS: _____

