



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street/Mailing Address		Apartment/Unit #	
City	State	ZIP	
Phone	Email		
Date Available	Social Security No.	Desired Wage	
Position you are applying for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High school		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full name	Relationship
Company	Phone
Address	
Full name	Relationship
Company	Phone
Address	
Full name	Relationship
Company	Phone
Address	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job title	Starting salary	\$	Ending salary \$
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job title	Starting salary	\$	Ending salary \$
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job title	Starting salary	\$	Ending salary \$
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Note: Digital signatures or typed names are accepted on applications submitted electronically

**SUBMITTAL INSTRUCTIONS**

Please email your application and/or resume to [reception@uticawater.com](mailto:reception@uticawater.com), mail to P.O. Box 358, Angels, Camp, CA 95222, or drop off in person at 1168 Booster Way, Angels Camp, CA 95222.

View this position's wage range and full job description online at [www.uticawater.com](http://www.uticawater.com) or call (209) 736-9419 for more information.