



**RAMONA MUNICIPAL WATER DISTRICT**  
**Administrative Services Department**  
 105 Earlham Street, Ramona, California 92065  
[www.rmwd.org](http://www.rmwd.org)

**INSTRUCTIONS TO APPLICANTS FOR EMPLOYMENT**

**BE SURE TO READ THIS INFORMATION CAREFULLY BEFORE FILLING OUT YOUR APPLICATION**

1. Application packets can be obtained online at [www.rmwd.org](http://www.rmwd.org), or picked up at the District office located at: 105 Earlham Street, Ramona. Office hours are 7:30 a.m. – 4:00 p.m., M-F.

Once completed, application packets can be hand-delivered or mailed to the District office. **Applications will not be accepted by fax or email.** Completed application materials must be received by the Administrative Services Department by 4:00 p.m. on the closing date. Postmarks will not be accepted. Applications and other related application materials, whether accepted or rejected, shall not be returned. A resume may be attached, but not accepted in lieu of a completed application packet.

2. If a supplemental questionnaire is required, one will be included in the printed application packet. However, if an application packet is obtained online, you will need to click the "YES" link under the "Supplemental Questionnaire Required" box.

**Failure to submit the following forms will result in disqualification from the selection process:**

<b>Required Forms</b> (please be sure to sign & date all forms)	<input type="checkbox"/> <b>Employment Application</b> <input type="checkbox"/> <b>Authorization for Release of Information</b> <input type="checkbox"/> <b>Authorization for Medical Examination &amp; Drug/Alcohol Testing</b> <input type="checkbox"/> <b>Supplemental Questionnaire (if required)</b>
<b>Optional Form</b>	<input type="checkbox"/> Status of Application form (optional - to receive application status via email or U.S. Mail)

3. Applicants must complete a separate application form for each position they are applying for. Applications will only be accepted during a recruitment period for the designated position, and will not be held for future recruitments.
4. After the interview process, the District will conduct a background check on all final candidates, which includes obtaining a driving record printout from the Department of Motor Vehicles. Please do not submit a DMV printout with application materials.
5. Final candidates are cautioned not to quit or give notice to their present employer until they qualify on the medical and DOT drug/alcohol screening, and a formal job offer has been extended by the District.
6. In compliance with the Immigration and Reform & Control Act of 1986, all new employees must verify identity and entitlement to work in the United States by providing required documentation.

**EQUAL OPPORTUNITY:** The Ramona Municipal Water District considers applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, mental or physical disability, medical condition, or any other legally protected status.



# Ramona Municipal Water District

Administrative Services Department  
 105 Earlham Street  
 Ramona, CA 92065

Telephone: 760-789-1330  
 Job Hotline: 760-788-2201  
 Website: www.rmwd.org

## EMPLOYMENT APPLICATION

(Answer all questions - print or type)

Last Name		First Name		Middle	Date
List other names you have used:	Home Telephone		Preferred Contact Number		Email
				<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Street Address			City	State	Zip
Mailing Address (if different)		P.O. Box	City	State	Zip
Driver's License No.			Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If under 18, must submit work permit)		
State		Class	Expiration Date:		
What position are you applying for?		Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Do any of your relatives work for RMWD? <input type="checkbox"/> Yes <input type="checkbox"/> No (Does not automatically exclude you from employment) Relationship:	
Have you previously applied for a District position? <input type="checkbox"/> Yes <input type="checkbox"/> No				If hired, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List position(s):					
How did you <u>first hear</u> about this position? Please only check one:					
<input type="checkbox"/> I found it through an online job search or other online source (other than RMWD's website) (Name of site: _____)					
<input type="checkbox"/> I frequently check RMWD's website <input type="checkbox"/> I frequently call RMWD's job hotline <input type="checkbox"/> I saw it posted in RMWD's front lobby					
<input type="checkbox"/> I saw it in a newspaper or other printed publication (Name of Publication: _____)					
<input type="checkbox"/> A current RMWD employee told me <input type="checkbox"/> A friend/relative told me					
<input type="checkbox"/> I saw it posted on a college job board (Name of College: _____) <input type="checkbox"/> Other: _____					

## EDUCATION

High School Name: Location:	Major	Degree/Diploma
College/University/Trade School Name: Location:	Major	Degree/Diploma
College/University/Trade School Name: Location:	Major	Degree/Diploma
Other Education/Training Name: Location:	Describe	Certificate/Diploma/Other

## CERTIFICATIONS

Issuing Authority:	Certification:
Issuing Authority:	Certification:

## EMPLOYMENT EXPERIENCE

Starting with your most recent employer, please list all jobs you have held within the last fifteen (15) years (longer if experience is relevant). Account for all periods of self-employment, part time, full time employment and/or unemployment. Include military experience if relevant to the position you are seeking. ***This section must be filled out completely - a resume may be attached but is not a substitute for the information requested below.*** You may attach additional pages, if necessary.

Name of Employer		Type of Business		
Address		Telephone		
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving or Desiring to Leave		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

Name of Employer		Type of Business		
Address		Telephone		
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

Name of Employer		Type of Business		
Address		Telephone		
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

Name of Employer		Type of Business		
Address		Telephone		
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

Name of Employer			Type of Business	
Address			Telephone	
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

Name of Employer			Type of Business	
Address			Telephone	
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

Name of Employer			Type of Business	
Address			Telephone	
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

Name of Employer			Type of Business	
Address			Telephone	
Dates Employed (mm/yy) From                      To	Starting Job Title	Last Job Title	Starting Pay	Ending Pay
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Duties				

## **SPECIAL JOB SKILLS & OTHER INFORMATION**

List any special job-related skills relevant to the position you are applying for:

### **APPLICANT'S CERTIFICATION - PLEASE READ CAREFULLY**

The information provided in this application of employment is true, correct, and complete. I understand that any misstatement or omission of fact on this application, or during my interview process, may result in my disqualification for consideration of employment, or termination if employed.

I understand this application must be filled out completely and signed to be considered. Applications will only be accepted for posted vacancies. Unsolicited applications will not be accepted.

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THIS STATEMENT:**

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Applicant's Signature

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Date

*(Website applicants):*

Print a hard copy of this application, sign, and mail or deliver to:

RMWD - Administrative Services Department

**Please include all attachments**

*(All other applicants):*

Sign, date and mail or deliver application to:

RMWD - Administrative Services Department

**Please include all attachments**

### **An Equal Opportunity Employer**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, mental or physical disability, medical condition, or any other legally protected status.



**RAMONA MUNICIPAL WATER DISTRICT  
ADMINISTRATIVE SERVICES DEPARTMENT**

***AUTHORIZATION FOR RELEASE OF INFORMATION***

I, \_\_\_\_\_ understand that in connection with the application process, the Ramona Municipal Water District (RMWD) may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the RMWD regarding all sources of information concerning my present and past employment, education, and certification, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist the RMWD in obtaining documents and information to confirm my background, I hereby consent to the release of information as described below.

I request, authorize and consent to the release of information to the RMWD regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the RMWD regarding my employment record, including but not limited to: positions held; dates of employment; beginning and end pay rates; work performance; disciplinary records; reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct the release of such information upon request of any duly accredited representative of the RMWD, regardless of any agreement, instructions or representations I may have made with you previously to the contrary.

I further request, authorize and consent to the RMWD's investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The RMWD has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from employment.

I also waive any and all rights and claims I have against my past and present employers, their employees, representatives or agents; former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended.

It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above. I understand that this Authorization grants permission for future investigational purposes, as deemed necessary.

\_\_\_\_\_  
Name (Printed) - **exactly** as it appears on driver's license

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# RAMONA MUNICIPAL WATER DISTRICT

## ADMINISTRATIVE SERVICES DEPARTMENT

### AUTHORIZATION FOR MEDICAL EXAMINATION AND DRUG/ALCOHOL TESTING

I authorize the Ramona Municipal Water District's ("RMWD") designated health care provider to perform a medical examination and drug/alcohol screening<sup>1</sup>, to determine whether I can perform, with or without reasonable accommodation, the essential functions of the position for which I am being considered.

I understand that the job offer is conditional on the satisfactory completion and results of this medical examination and drug/alcohol test, which includes a urine and/or blood test for drugs, controlled substances and alcohol abuse.

I authorize the health care provider to release the results of the medical examination and drug/alcohol test to RMWD. I understand that RMWD requires such medical examination and drug/alcohol test results to determine whether I can safely and satisfactorily perform the essential job functions with or without a reasonable accommodation, and, if applicable, what type of accommodation may be needed. RMWD also requires the medical examination and drug/alcohol test for purposes of complying with applicable occupational safety and health requirements.

I understand that RMWD will maintain the confidentiality of the medical examination and drug/alcohol test results and will not place such results in my primary personnel file.

I release RMWD from all liability for damages that may arise as a result of the medical examination and drug/alcohol test.

I have read and understood the contents of this Authorization. I understand that if I refuse to sign this Authorization and/or fail to submit to a drug/alcohol test, the RMWD will not consider my application for employment (or if employed, RMWD may terminate my employment).

**Agreed:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

**Refused:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

Date signed:

<sup>1</sup> Note: Drug/alcohol testing applies to positions designated as safety-sensitive positions.

**Applicant to Complete This Section:**

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

Position: \_\_\_\_\_

Name & Mailing Address

Thank you for your interest in employment with Ramona Municipal Water District. We regret that we cannot provide a more personal response to you about your application. However, please be assured that your application did/will receive an individual, personal review as part of the evaluation process. The status of your application is indicated below.

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**STATUS OF APPLICATION:**

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- We have received your completed application form, and will be completing the screening process in the near future. You will be notified of your application status by:  
\_\_\_\_\_
- Your application was not selected for further review. A limited number of candidates have been selected whose experience and qualifications most closely meet the requirements we are seeking for this position.
- Your application has been reviewed, but cannot be considered. The application packet you submitted is not complete (*i.e., blank spaces on application, unsigned application, failure to submit a required supplemental questionnaire, etc.*).
- Your application cannot be considered because it was received after the posted closing date and/or time.
- While we appreciate your interest in employment with the District, we cannot consider your application and/or resume, as the District has no open positions at this time. It is the District's policy not to accept or retain unsolicited application forms and/or resumes.
- Other: \_\_\_\_\_  
\_\_\_\_\_

*Thank you for your interest in employment with Ramona Municipal Water District*  
AN EQUAL OPPORTUNITY EMPLOYER