San Gabriel County Water District
P.O. Box 2227
San Gabriel, CA 91778-2227

8366 Grand Avenue
Rosemead, CA 91770
(626) 287-0341

EMPLOYMENT APPLICATION

San Gabriel County Water District (SGCWD) is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, age, sex, sexual orientation, physical or mental disability, or any other characteristic protected by law. Incomplete information could disqualify you from consideration. Please complete all applicable fields.

Position you are interested in: **Available Start Date:**

Your Name _____
Last *First* *Middle*

Your Address _____
Number *Street* *City* *State* *Zip*

Contact Information: Phone # ( ) Email:

Driver License If driving is an essential function of the position applied for, do you possess a valid driver's license? ____Yes _____ No

Driver License information will not be required until after a conditional offer of employment has been made.

Are you at least 18 years of age? (if under 18, a valid work permit is required) ____ Yes _____ No

If hired, can you provide documentation establishing your identity and authorization to work in the United States as required by federal law? ____ Yes _____ No

Do you currently have relatives employed by the San Gabriel County Water District? ____ Yes _____ No

If you require reasonable accommodation during the application or examination process, please notify Human Resources. In accordance with California's Fair Chance Act, the District will not inquire about criminal history until after a conditional offer of employment has been made.

Education:

List all educational diplomas and/or degrees received which are pertinent to this application.

School Name / Location	Major/ Diploma/ Degree	Dates attended/ Completed

B. List all coursework and/or special training which you feel is pertinent to this application.

Course Title	Institution	Units Completed

Continue to other side

Rev. June 2026

C. Professional Licenses or Certificates obtained which are pertinent to this application.

Include D1-D5 Water Distribution, T1-T5 Water Treatment, Backflow Certifications, Grade Level, CDL Class, Other Utility Certifications

License/ Certificate and License #	Issuing Agency	Expiration Date

D. I understand, speak, read and/or write the following language(s): (Indicate)

E. Employment History

List your most recent position first, then list other positions in order. Account for all time **(including military service and any volunteer experience)** for at least the past five **(5)** years. Include all paid and unpaid experience which you feel qualifies you for this position. Use additional sheets, if necessary. Do not use entries such as "See Resume" in place of completing this section.

Present Position:	From (Mo/Yr)	To (Mo/Yr)
Employer *Name* *Address* *City* *State* *Zip*		
Type of Business or Organization:	Immediate Supervisor's Name/Title	Telephone Number
Describe Related Duties (Including number/type of employees supervised, if applicable):		
Reason for Leaving: **May we contact this employer? □ Yes □ No**		

Most Recent Position:	From (Mo/Yr)	To (Mo/Yr)
Employer *Name* *Address* *City* *State* *Zip*		
Type of Business or Organization:	Immediate Supervisor's Name/Title	Telephone Number
Describe Related Duties (Including number/type of employees supervised, if applicable):		
Reason for Leaving: **May we contact this employer? □ Yes □ No**		

Continue to other side

Next Previous Position:	From (Mo/Yr)	To (Mo/Yr)
Employer *Name* *Address* *City* *State* *Zip*		
Type of Business or Organization:	Immediate Supervisor's Name/Title	Telephone Number
Describe Related Duties (Including number/type of employees supervised, if applicable):		
Reason for Leaving: **May we contact this employer? □ Yes □ No**		

Position:	From (Mo/Yr)	To (Mo/Yr)
Employer *Name* *Address* *City* *State* *Zip*		
Type of Business or Organization:	Immediate Supervisor's Name/Title	Telephone Number
Describe Related Duties (Including number/type of employees supervised, if applicable):		
Reason for Leaving: **May we contact this employer? □ Yes □ No**		

Position:	From (Mo/Yr)	To (Mo/Yr)
Employer *Name* *Address* *City* *State* *Zip*		
Type of Business or Organization:	Immediate Supervisor's Name/Title	Telephone Number
Describe Related Duties (Including number/type of employees supervised, if applicable):		
Reason for Leaving: **May we contact this employer? □ Yes □ No**		

May we contact your current employer? ☐ Yes ☐ No

If not, please explain when we may contact them: _____

Continue to other side

F. References:			
Please provide three professional or personal references familiar with your work, education, or character			
Name		Years Acquainted	
Phone Number		Email Address	
Is this a personal or professional reference?		Relationship to you	
Name		Years Acquainted	
Phone Number		Email Address	
Is this a personal or professional reference?		Relationship to you	
Name		Years Acquainted	
Phone Number		Email Address	
Is this a personal or professional reference?		Relationship to you	

Continue to other side

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SGCWD to hire me. If I am hired, I understand that either SGCWD or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no SGCWD representative has the authority to make any assurance to the contrary.

I attest with my signature below that the information on this application is true and complete, and that no requested information has been concealed. Unless otherwise noted, I authorize SGCWD to contact employers and references provided in this application. I understand that SGCWD may, in accordance with state and federal laws, require medical examinations and drug and/or alcohol testing, request background checks, and obtain motor vehicle records of prospective employees to help determine their suitability for employment and ability to perform job-related duties. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or dismissal.

Signature _____ _____

Please return your completed application to: **SGCWD, 8366 Grand Ave. Rosemead, California 91770**. You may email your application to **info@sgcwd.com** or if appying online please upload your completed application with your form. If available, please include a resume with your application.

THIS APPLICATION IS VALID FOR 120 DAYS FROM THE DATE SIGNED ABOVE.