



WATERWORKS & PIPELINE SUPPLIES

P.O. BOX 3744 • LA HABRA, CA 90632  
 601 S. HARBOR BLVD. • LA HABRA, CA 90631  
 PH. (562) 690-1000 • FAX (562) 690-3700

# EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

## PERSONAL INFORMATION

Last Name			First	Middle	Date of Application
Street Address					Home Phone ( )
City, State, Zip					How Long at Present Address?
Were you previously employed by this organization? <input type="checkbox"/> Yes, Date (s) <input type="checkbox"/> No					Social Security Number
Have you previously applied for work to this organization? <input type="checkbox"/> Yes, Date (s) <input type="checkbox"/> No					Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applying for					Wages Expected
Check the following options which you would consider: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary				In case of accident notify	Phone ( )
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)				Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, Date Available

DRIVER'S LICENSE NO. \_\_\_\_\_

## EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
APPRENTICE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any other education, training, special skills, or certificates / licenses that you possess: \_\_\_\_\_

List any machines or equipment that you are qualified and experienced at operating: \_\_\_\_\_



# RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by Dangelo Company that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include The Department of Justice and The Youth Authority, companies, corporations, worker's compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary, driving (DMV or MVR) records, and criminal or civil records. I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officer, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever;

Kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

I understand that I have a right to receive a copy of any consumer report created as a result of this release form, by Liberty Alliance Inc. I have also stated clearly in the boxes listed below as to my desire to receive that report from this company to which I am applying upon its completion. The investigative consumer-reporting agency preparing the report(s) is Liberty Alliance, Inc., 22707 La Palma Ave., Yorba Linda, CA 92887, telephone (714) 696-5410. Their files are available for review by appointment, by certified mail or telephonically with proper identification.

**PRINT CLEARLY**

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINT FULL NAME (First, Middle & Last Name) \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes in checking records. It is confidential and will not be used for any other purpose.

DATE OF BIRTH      DRIVERS LICENSE NUMBER      STATE

LAST NAME AS IT APPEARS ON LICENSE (PLEASE PRINT CLEARLY)

SOCIAL SECURITY NUMBER \_\_\_\_\_

# ADDITIONAL EMPLOYMENT-RELATED INFORMATION

	NAME	RELATIONSHIP
List any relatives or friends working for this organization:	_____	_____
	_____	_____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. citizenship, or by some other means?     Yes     No

Do you have any physical or mental condition or disability which precludes or limits your ability to perform the job(s) for which you are applying?     Yes     No

If "yes", please explain and describe whether there is any method or appliance which can overcome the condition or disability to enable you to perform the job: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_  
 Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed. Yes    No (A "Yes" response to this question will not result in your automatic disqualification from employment.) If yes, provide dates, location and disposition of case on a separate sheet of paper. \_\_\_\_\_  
 Sheets Attached?    Yes    No    \_\_\_\_\_

## LIST PREVIOUS ADDRESSES FROM THE LAST FIVE YEARS

Street Address, City, State, Zip	From	To
Street Address, City, State, Zip	From	To
Street Address, City, State, Zip	From	To

Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## APPLICANT'S CERTIFICATION

Please read carefully before signing

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge.

I authorize you to communicate with those employers I designated, school officials and persons named as references concerning my skills, character and responsibility. If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at will.

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

