

## 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

Street Address Home Phone ( ) City, State, Zip How Long at Present Address								
( )								
Thow bong at the sent A	ddress?							
	Social Security Number							
☐ Yes, Date (s) ☐ No								
Have you previously applied for work to this organization?  Are you over age 18?  Yes, Date (s)  No	Are you over age 18?							
	Wages Expected							
Toolion Applying for	wages Expected							
Check the following options which you would consider:  In case of accident notify Phone	Phone							
Full-Time Part-Time Temporary ( )	( )							
Are you willing to work overtime?  Are you employed now?  If so, Date Available								
Yes No (Explain)								
DRIVER'S LICENSE NO								
EDUCATION AND TRAINING								
SCHOOL NAME AND LOCATION OF SCHOOL COURSE OF STUDY COMPLETED DID YOU GRADUATE	DIPLOMA OR DEGREE							
HIGH								
SCHOOL NO								
COLLEGE OR								
UNIVERSITY								
COLLEGE OR								
UNIVERSITY								
TRADE								
SCHOOL NO								
APPRENTICE YES								
SCHOOL								
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:								

	EXPERIENCE - List the last	st 10 years ex	xperience begin	ning with the	most	recent
	Company Name			Type of Business		none No.
-	Address			Employed (Month and )	(CO2r)	)
	Address			From:	year) To	:
ŀ	Name and Title of Supervisor			May We Contact?		nployed
				Yes No		Full-Time Part-Time
	State Last Job Title and Describe Your Work			Wages		
-				Starting	La	ıst
				Reason for Leaving		
-				-		
+	Company Name			Type of Business	Ph	none No.
					(	)
	Address			Employed (Month and		
				From:	To	
!	Name and Title of Supervisor			May We Contact? ☐ Yes ☐ No		mployed ]Full-Time  □ Part-Time
ŀ	State Last Job Title and Describe Your Work		<u> </u>	Wages		- ruii- iiiile
	Otate Last 500 Title and Describe Tour Work			Starting	La	ast
ŀ				Reason for Leaving		
Ī						
	Company Name			Type of Business	PI	none No.
-	Address			Employed (Month and	voar)	)
	Address			From:	year) To	):
	Name and Title of Supervisor			May We Contact?		mployed
3	· ·			Yes No		Full-Time Part-Tim
	State Last Job Title and Describe Your Work			Wages		
				Starting	La	ast
				Reason for Leaving		
-						
	Have you had any other experiences or qualifications in	addition to those indica	ted above which relate to the	ioh for which you are an	olvina?	
	If so, please describe:	addition to those major	tod abovo willon rolato to the	, job tor miloti you are app	orymig.	
	ii so, piease describe					
	SEEDENOES Listherings		no but sont valotie	مالام يرمير مقالم	u filoso	a linteral afterna
6	REFERENCES - List business p				r (trail	
	NAME	TITLE	BUSINESS	PHONE NO.		YEARS KNOWN
1						
2						
3						
4						
	RELEASE AND AUTHORI	ZATION FORM	- Authorization to	Obtain Credit Inf	ormati	ion
a as Ti	accordance with the Consumer Credit Reporting Reform Act of oncerning my current credit status. I understand that such an inquestion of this report. If adverse action is taken, based in whole or prescribed by the FCRA. The report will not be used in violation he investigative consumer-reporting agency preparing the report ail or telephonically with proper identification.	f 1996 Section 604 (B),   h uiry is relevant to the posit in part on the consumer ro of any federal or state law	nereby authorize Dangelo Compa ion for which I am applying. I un eport, we will provide to you a co is and/or equal employment oppo	any and/or its agents to obtain derstand that a credit report opy of the consumer report a ortunity laws or regulations.	in an Emplo will be obta and a summ	oyment Insight Credit Repor sined and that I am entitled to nary of the consumer's rights
	SIGNATURE OF APPLICANT			Date		
-	PLEASE PRINT FULL NAME			SOCIAL SECURITY N	IUMBER:	
	ADDRESS:					

## 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 person 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.

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				

NAME List any relatives or friends working	RELAT	IONSHIP
for this organization:		
Can you verify your legal rights to work in the U.S. proof of U.S. citizenship, or by some other means?	□Yes □No	
Do you have any physical or mental condition or d your ability to perform the job(s) for which you are		_
If "yes", please explain and describe whether there can overcome the condition or disability to enable		
	· ·	
Have you ever been convicted of a crimic Convictions for misdemeanor marijuana- offenses that are more than two years old listed. Yes No (A "Yes" response to will not result in your automatic disquali employment.) If yes, provide dates, local disposition of case on a separate sheet of Sheets Attached? Yes No	related need not be this question fication from tion and	
LIST PREVIOUS ADDRESSES FROM Street Address, City, State, Zip	M THE LAST FIVE	YEAR To
Street Address, Oity, State, Zip	·	
Street Address, City, State, Zip	From	То
Street Address, City, State, Zip	From	То
Additional Remarks:		
APPLICANT'S CERT Please read carefully bef		
	ef, the answers given by n	
I certify that, to the best of my knowledge and beli the foregoing questions and the statements made correct and complete. I understand that misrepres application may result in my discharge.	by me in this application a	
the foregoing questions and the statements made correct and complete. I understand that misrepres	by me in this application a entation or omission of fac- ers I designated, school of skills, character and responding	cts in thi officials onsibility ted at

DO NOT WRITE BELOW - FOR COMPANY USE ONLY						
Offer to be extended?				] YES	□ NO	
Notified on		byInitials		Confir	none med in Writing	
Job Title	Wages ☐ Hourly	y\$  \text{Weekly \$}			Starting Date	
	☐ Full- ☐ Part-	Time Regular -Time Regular	□ Full □ Par	-Time T t-Time	emporary Temporary	
Hours per Week	Scheduled	Work Days		Benefi Full		□ None
In addition the Candidate wi	II be advise				part of this offer of employ	yment:
	· ·	A PARE OF SERVICES	1871 Aug 12 14			
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Approved	Deta	Approved		Doto	Approved	Dete
Approved	Date	Approved		Date	Approved	Date