

Best Water! Best Service!



**Gardnerville Water Company**  
1579 Virginia Ranch Rd  
Gardnerville, NV 89410  
(Phone) (775) 782-2339 \* (Fax) (775) 782-2491  
www.gardnervillewater.org

## Application for Employment

Position applied for: \_\_\_\_\_ Date available: \_\_\_\_\_ Salary Requested: \_\_\_\_\_

Are you applying for:  Full-time  Part-time

I understand that I may be required to undergo a background check, drug screening, physical, driver's license(s) check, and water distribution certification check.  Yes  No

### Certifications and License Information

Water Operator Distribution Certification:  Yes  No - If yes,  Distribution  Treatment  Other: \_\_\_\_\_

Certification State \_\_\_\_\_ Certification number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Grade \_\_\_\_\_

If no, are you willing to obtain certification within a specified time frame?  Yes  No

Driver's License:  Yes  No - If yes, License State \_\_\_\_\_ License number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CDL Driver's License:  Yes  No - If yes, License State \_\_\_\_\_ License number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Applicant Information

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Study: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Study: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Study: \_\_\_\_\_

Other relevant training, classes, or conferences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Most recent first -

**Previous Employment**

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Other work experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Activities**

List volunteer work, leadership positions, or other activities that you are involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Skills and Qualifications**

Summarize any skills and qualifications that may qualify you for this position: \_\_\_\_\_

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I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_