#### **External Affairs Specialist**

San Gabriel Valley Municipal Water District

The District seeks a full time professional in developing and carrying out public outreach, education, information and participation projects & activities. The individual will work closely with District management, Board of Directors, and Public Relations Consultant and is expected to represent the District with other government, business, and community entities and organizations, building and enhancing relationships in a wide variety of public interactions. Due to regular evening, weekend, and holiday work responsibilities, a flexible or non-traditional work schedule is possible.

In this small organization, the candidate must be a self-starter, highly organized and meet deadlines as well as have excellent written and communication skills. Fluency or speaking ability in Mandarin, Chinese or Spanish is desirable.

#### Education, Training, and Experience:

Graduation from an accredited four-year college or university with a major in marketing, public relations, communications, business administration or a closely related field, and at least two years of progressively responsible experience in marketing, public relations or social media; or an equivalent combination of training and experience.

#### Salary Range

\$5,018 - \$6,100 per month

#### **Application Procedure**

Please print out application and mail, fax, or e-mail to address below. Incomplete submittals will not be accepted. Please mail application to:

San Gabriel Valley Municipal Water District P O Box 1299 Azusa, CA 91702-1299

Or fax to 626 969-7397 or e-mail to employment@sgvmwd.org

### DEADLINE: May 22, 2014 by 4:00 p.m.

## **Application For Employment**

#### San Gabriel Valley Municipal Water District

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(PLEASE PRINT)						
Position(s) Applied For			Date of Application			
How did you learn about us?						
	Friend	☐ Walk-In				
Employment Agency	Relative	Other				

Last Name		First Name	Ν	/liddle Name	
Address	Number	Street	City	State	Zip
Telephone Nu	umber(s)	Day	Evening	Messages	

If you are under 18 years of age, can you provide required proof of your e	ligibility to work?	Yes	No
Have you ever filed an application with us before?		Yes	□No
	If yes, give date		
Have you ever been employed with us before?		Yes	🗌 No
	If yes, give date		
Are you currently employed?		□Yes	🗌 No
May we contact your present employer?		Yes	No
Salary desired:		\$	
Are you prevented from lawfully becoming employed in this country becau Immigration Status? Proof of citizenship or immigration status will be required upon employment.	use of Visa or	Yes	No
On what date would you be available for work?			
Are you currently available to work: $\Box$ Full Time $\Box$ Part Time $\Box$	Temporary		
Are you currently on "lay-off" status and subject to recall?		Yes	□No
Can you travel if a job requires it?		Yes	□No

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

### Education

	High School		Undergraduate College/University*			Graduate/ Professional*						
School Name, Location and Phone Number												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

\*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

l	Indicate any languages, other than English, that you can speak, read and/or write.				
	FLUENT	GOOD	FAIR		
SPEAK					
READ					
WRITE					

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:		

## **Employment Experience**

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

Employer		Dates E	mployed	Work Performed	
		From	То		
Address					
Telephone Number(s)		Hourly P	ate/Salary		
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving	I				
Employer		Dates E	mployed	Work Performed	
		From	То		
Address					
Telephone Number(s)		Hourly R:	ate/Salary		
		Starting	Final		
Job Title	Supervisor	<u>_</u>			
Reason for Leaving	I				
Employer		Dates Employed		Work Performed	
		From	То		
Address					
Telephone Number(s)		Hourly Ra	ate/Salary		
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					
Employer		Dates E	mployed	Work Performed	
		From	То		
Address					
Telephone Number(s)		Hourly Ra	ate/Salary		
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

#### **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

### References

Give name, address and telephone number of three business references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

Do you have the physical and mental ability to perform the tasks on the <u>attached</u> job description, with or without accommodation?

□Yes	□ No

(If accommodation is necessary, please describe below)

# **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the SGVMWD is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a preemployment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and hereby acknowledge that any employment relationship with SGVMWD is of an "at will" nature, which means that the employee may resign at any time and the SGVMWD may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the SGVMWD.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the SGVMWD.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the SGVMWD, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: \_\_\_\_\_

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

NOTES: \_\_\_\_\_\_