GRIZZLY LAKE COMMUNITY SERVICES DISTRICT

119 Delleker Drive, Portola, CA 96122 Tel: (530) 832-5225 Fax: (530) 832-1319 glcsddelleker@gmail.com

Employment Application

APPLICANT IN	IFORMATION	V										
Last Name				First	First				M.I.	Date	<u></u>	
Street Address					di-				Apartment/Unit #			
City				State	State				ZIP			
Phone				E-mail	E-mail Address				over the state of			
Date Available Social S			Social Se	curity No.				Des	Desired Salary			
Position Applied fo												
Are you a citizen c	NO []	O If no, are you authorized to work in the U.S.? YES NO										
Have you ever worked for this company? YES .				NO []	If so, when?							
Do you know any GLCSD employees? YES NO If yes, explain												
EDUCATION												
High School		1		Address								
From	То	Did you gr	aduate?	YES []	NO Degree							
College Ad					dress							
From	То	Did you gr	aduate?	YES 🗌	NO Degree							
Other			Address	ddress								
From	То	Did you graduate? Y			ES NO Degree						***************************************	
REFERENCES Please list three professional references,												
Full Name	oressional refer	ences.	6			D-I-						
Company						Relationship						
Address Phone ()												
Full Name						Relationship						
Company						Phone ()						
Address												
Full Name						Relationship						
Company						Phone ()						
Address										***************************************	(A1074)(B40)(B40)(B40)(B40)(B40)(B40)(B40)(B4	

PREVIOUS	EMPLOYMENT								
Company		Phone	()					
Address			Supervis	or					
Job Title			Starting Salary	\$		Ending Salary	\$		
Responsibilities	3				en e		T		
From	То	Reason for Leaving]	***************************************		***************************************			
May we contac	t your previous supe	rvisor for a reference?	? YES 🗍	NO 🔲	***************************************				
Company				Phone ()					
Address			Superviso	***************************************					
Job Title			Starting Salary	\$	***************************************	Ending Coloni	A		
Responsibilities	Responsibilities			······································	***************************************	Ending Salary	\$		
From	То	Reason for Leaving							
May we contact	your previous super	visor for a reference?		NO 🔲					
Company		ILS L.J							
Address		Phone	()						
Job Title	Starting Calaura	Superviso	or						
Responsibilities	Starting Salary	\$		Ending Salary	\$				
From	То	Reason for Leaving							
May we contact		visor for a reference?	V=0 \$***						
	your provious superv	visor for a reference?	YES []	NO [
MILITARY SI	ERVICE					4.537			
Branch					From	То			
Rank at Discharge					Type of	Type of Discharge			
If other than hor	norable, explain								
				***************************************	***************************************	***************************************			
will be termina consent to the A drug test and I certify that my	is a policy of rando ated. If you have r controlled substant d background check answers are true and leads to employmer	STING, DISCLAID TO CONTROL OF THE CO	tance testing. It nat you will test nmended that you for employmen t of my knowledge	individuals positive f ou do not : t with GLC e.	for control submit an CSD.	lled substances application.	entrolled substances s or are unwilling to		
Signature						Date			
***************************************		***************************************				Date	-		