

Gualala Community Services District

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the District. We are an equal opportunity employer.

Please Print

Position applied for _____ Application Date _____

Name _____
LAST FIRST MIDDLE

Address _____
PO BOX STREET ADDRESS CITY STATE ZIP CODE

Home Phone _____ Cellular/Other # _____ E-mail _____

Any expected pay _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

How were you referred to our Company? _____

Is this application a request for reemployment following an extended military leave of absence from our Company? Yes No If yes, additional information may be requested.

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Will you travel if required? Yes No Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?
 Yes No N/A

Have you ever been bonded? Yes No

Will you submit to criminal and DMV background checks? Yes No

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to you	Phone	E-Mail	Years Known

Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer _____
Contact Name _____ E-mail _____
Address _____ Phone _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) _____ to (mm/yy) _____
Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Employer _____
Contact Name _____ E-mail _____
Address _____ Phone _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) _____ to (mm/yy) _____
Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Employer _____
Contact Name _____ E-mail _____
Address _____ Phone _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) _____ to (mm/yy) _____
Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

Education Background

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. If hired, I agree to conform to the District's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the District's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the District. I understand that no District representative, other than the designated representative (to be determined), and then only when in writing and signed by the designated representative, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws. This District does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature _____ **Date** _____