

CAMERON PARK COMMUNITY SERVICES DISTRICT

Employment Application



WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICANT INFORMATION

| | | | |
|---|----------------|------------------|------|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Desired Salary | | |
| Position Applied for | | | |
| How Did You Learn About us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other | | | |
| Have you ever been employed with this agency? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? | | | |
| Do Any Friends or Relatives Work Here? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, state name, relationship, and position | | | |
| Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| May We Contact Your Present Employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, provide contact and number | | | |
| Can you travel if the job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain | | | |
| Are You Available to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary (Please indicate dates ___/___/___ - ___/___/___) | | | |

IF YOU ARE UNDER THE AGE OF 18, YOU WILL BE REQUIRED TO APPLY FOR A WORK PERMIT THROUGH YOUR SCHOOL.

EDUCATION

| School | Name & Address of School | Years Completed | Course of Study | Diploma/Degree |
|--------|--------------------------|-----------------|-----------------|----------------|
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WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | |
|------------------|--------------------|------------------|--|
| Employer | Phone () | | |
| Address | Supervisor | | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |

| | | | |
|--|--------------------|------------------------------|-----------------------------|
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Employer | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Employer | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

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| REFERENCES | |
|---|--------------|
| <i>Please list three professional references. Not to include family members or previous supervisors.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| DISCLAIMER AND SIGNATURE | |
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |