# **Application For Employment**

#### **Weaverville Community Services 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?  Advertisement Employment Agency	Friend Wa	ilk-In er				
Last Name	First Name		Middle Name			
Address Number	Street	City	Stat	te .	Zip	
Telephone Number(s)	Day	Evening	Messages			
If you are under 18 years owork?	2 <b>1</b> 1	equired proof of your	eligibility to	Yes	□No	
Have you ever filed an app	lication with us before?		If yes, give date	☐ Yes	∐ No	
Have you ever been emplo	yed with us before?		If yes, give date	Yes	□No	
Are you currently employed	d?			Yes	□No	
May we contact your prese	Yes	□No				
Salary desired:	\$	_				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Proof of citizenship or immigration status will be required upon employment.						
On what date would you be available for work?						
Are you currently available to work: Full Time Part Time Temporary						
Are you currently on "lay-o	ff" status and subject to	recall?		Yes	□No	
Can you travel if a job requires it?						
Have you been convicted of a felony within the last 7 years?  Conviction will not necessarily disqualify an applicant from employment.						
If Yes, please explain:						

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

### **Education**

		High S	School			Underg ollege/U			Gra	duate/ l	Profess	ional*
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												150
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

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

	is any ranguages, earer an	an English, that you can speak,	Caa aria/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.

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Special Skills and Qualifications	
Summarize special job-related skills and qualifications	s acquired from employment or other experience.

### References

Give name, address and telephone number of three business references who are not related to you. Telephone Name Address Number 1. 2. 3. Yes No Have you ever had any training in the United States military which is related to the job for which you are applying? If yes, please describe: Yes No Do you have the physical and mental ability to perform the tasks on the attached job description, with or without accommodation? (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 Weaverville CSD 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 Weaverville CSD is of an "at will" nature, which means that the employee may resign at any time and the Weaverville CSD 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 representative of the Weaverville CSD.

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 Weaverville CSD.

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 Weaverville CSD, 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:					