

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

RETURN TO: HUMAN RESOURCES PO BOX 139 TAHOE VISTA, CA 96148 (530) 546-4212

|                                                                                |              |                     |                                                        |                                                       |                         | Date Received:                                |                       |  |  |  |  |  |
|--------------------------------------------------------------------------------|--------------|---------------------|--------------------------------------------------------|-------------------------------------------------------|-------------------------|-----------------------------------------------|-----------------------|--|--|--|--|--|
| EMPLOY                                                                         | MENT DESI    | RED                 |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Docition                                                                       | Annlyina Fam |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              |                     |                                                        | Io Tomporary/Saaco                                    |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | _                   | Vork? ( ) Yes ( ) N                                    |                                                       | nal Work? ( ) Yes       | ( ) NO                                        |                       |  |  |  |  |  |
| If Applying For Temporary/Seasonal Work: What days are you available for work? |              |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              |                     | Are you available for work on weekends? ( ) Yes ( ) No |                                                       |                         | Are You Under 18 Years of Age? ( ) Yes ( ) No |                       |  |  |  |  |  |
| DEDSON                                                                         | AL INFORM    | ATION               |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | ATION               |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Name:                                                                          | Last         |                     | First                                                  |                                                       |                         | nitial                                        |                       |  |  |  |  |  |
| Address:                                                                       | Me           | uiling Address      |                                                        | City:                                                 |                         | State:                                        | Zip:                  |  |  |  |  |  |
| Address:                                                                       |              | vsical Address      |                                                        | City:                                                 |                         | State:                                        | Zip:                  |  |  |  |  |  |
|                                                                                | Phy          | sical Address       |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Telephon                                                                       | e: (         | )                   | (                                                      |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Home                | ·                                                      | Message/Daytime                                       |                         |                                               | E-Mail                |  |  |  |  |  |
|                                                                                | MENT HIST    |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              |                     |                                                        | substitute for completing the<br>NT OR MOST RECENT JO |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              |                     | ace you may attach additiona                           | d sheets. You must include n                          | umber of hours worked e | each week.                                    |                       |  |  |  |  |  |
| From                                                                           | То           | Job Title & Duties: |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Mo/Yr                                                                          | Mo/Yr        |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| /                                                                              | /            |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Total Year                                                                     | S:           |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Employer's Name:                                                               |              |                     |                                                        |                                                       | Reas                    | on For Leaving:                               |                       |  |  |  |  |  |
| FT or PT?                                                                      |              | Address:            |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Supervisor:         |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Phone Number: (     | )                                                      |                                                       | May                     | we contact this emplo                         | oyer for a reference? |  |  |  |  |  |
| From                                                                           | То           | Job Title & Duties: |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Mo/Yr                                                                          | Mo/Yr        |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| /                                                                              | /            |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Total Year                                                                     | s:           |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| En                                                                             |              | Employer's Name:    |                                                        |                                                       | Reas                    | on For Leaving:                               |                       |  |  |  |  |  |
| FT or PT?                                                                      |              | Address:            |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Supervisor:         |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Phone Number: (     | )                                                      |                                                       | May                     | we contact this emplo                         | oyer for a reference? |  |  |  |  |  |
| From                                                                           | To           | Job Title & Duties: |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Mo/Yr                                                                          | Mo/Yr        |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| /                                                                              | /            |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Total Year                                                                     | s:           |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Employer's Name:    |                                                        |                                                       | Reas                    | on For Leaving:                               |                       |  |  |  |  |  |
| FT or PT?                                                                      |              | Address:            |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Supervisor:         |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Phone Number: (     | )                                                      |                                                       | May                     | we contact this emplo                         | oyer for a reference? |  |  |  |  |  |
| From                                                                           | To           | Job Title & Duties: |                                                        |                                                       | •                       |                                               |                       |  |  |  |  |  |
| Mo/Yr                                                                          | Mo/Yr        |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| /                                                                              | /            |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
| Total Year                                                                     | s:           |                     |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Employer's Name:    |                                                        |                                                       | Reas                    | on For Leaving:                               |                       |  |  |  |  |  |
| FT or PT?                                                                      |              | Address:            |                                                        |                                                       |                         | ·                                             |                       |  |  |  |  |  |
|                                                                                |              | Supervisor:         |                                                        |                                                       |                         |                                               |                       |  |  |  |  |  |
|                                                                                |              | Phone Number: (     | )                                                      |                                                       | May                     | we contact this emplo                         | oyer for a reference? |  |  |  |  |  |

| EDUCATION                                                                                                                                 |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|--------------------------------|----------------------|---------------------------|--|--|--|--|--|--|
| Do you have a high school diploma or G.E.D.? ( ) Yes (                                                                                    | ) No Name of                           | School:                   |                                |                      |                           |  |  |  |  |  |  |
| Do you have an AA/AS degree? ( ) Yes ( ) No                                                                                               |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| Do you have a BA/BS degree? ( ) Yes ( ) No                                                                                                |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| Do you have a post graduate degree? ( ) Yes (                                                                                             | ) No                                   |                           |                                |                      |                           |  |  |  |  |  |  |
| Name and Location of Colleges/Universities/Trade Schools (Not Hi                                                                          | gh School)                             | Course or Major           | Hours or<br>Units<br>Completed | Did You<br>Graduate? | Degree Received           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           | •                              |                      |                           |  |  |  |  |  |  |
| A AGENCE OF CENTRAL PROVIDE                                                                                                               |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| LICENSES/CERTIFICATIONS  List Licenses or Professional Certifications/Registrations Relev                                                 | vant to This Posi                      | tion:                     |                                |                      |                           |  |  |  |  |  |  |
| TYPE STATE                                                                                                                                | CLASS                                  | NUMBER                    |                                | EXPIRATION DATE      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| Has your license/certification ever been revoked or suspended?                                                                            | ? ( ) Yes                              | ( ) No                    |                                |                      |                           |  |  |  |  |  |  |
| If yes, state reason(s), date of revocation or suspension, and da                                                                         |                                        | ` '                       |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| Do You Have a Valid Driver's License? ( ) Yes ( ) No                                                                                      |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| A current DMV report showing an acceptable drivin                                                                                         | g record will                          | be required after jo      | b offer and pr                 | ior to employ        | ment.                     |  |  |  |  |  |  |
| OTHER PERSONAL INFORMATION                                                                                                                |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| Do you have any relatives working for the District? If yes, please identify:  Name: Department:                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ( ) Yes ( ) No |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| Have you been given a copy of the Job Description which outli                                                                             |                                        | v                         | •                              |                      |                           |  |  |  |  |  |  |
| Are you able to perform the essential functions of the job for w                                                                          |                                        | · -                       |                                |                      |                           |  |  |  |  |  |  |
| If no, describe the functions that cannot be performed                                                                                    |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| If you become a finalist for the position, do you have any object background and qualifications? ( ) No ( ) Yes If yes                    | ction to a represe<br>s, state reason: | ntative of the District m | naking inquiry of              | your present en      | nployer regarding your    |  |  |  |  |  |  |
|                                                                                                                                           | ,                                      |                           |                                |                      |                           |  |  |  |  |  |  |
| If now ampleyed why do you want to looke?                                                                                                 |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| If now employed, why do you want to leave?                                                                                                |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| Please provide in this space: 1) Any additional information yo                                                                            | u would like to h                      | nave the District conside | er. 2) Any substa              | ntial gap in you     | r employment history, and |  |  |  |  |  |  |
| further explanation to any "yes" response:                                                                                                | a would like to h                      | are are Bisailer compact  | ,, 2) 1 mj buobia              | mar gap m jour       | emproyment motory, and    |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |
| How did you hear about this job? ( ) Newspaper                                                                                            | ( ) Employ                             | iee                       | ( ) Website                    | ( ) Other Public     | ation                     |  |  |  |  |  |  |
| 110w and you near about this job? ( ) Newspaper                                                                                           | ( ) Employ                             | <u></u>                   | ( ) website                    | ( ) Oulei Fublic     | auoil                     |  |  |  |  |  |  |
| I HEREBY CERTIFY that the foregoing statements are true an                                                                                | id accurate to the                     | e best of my knowledge    | and belief I am                | ee and understa      | nd that any misstatement  |  |  |  |  |  |  |
| of material fact contained in this application may cause me to f                                                                          | orfeit all rights to                   | o employment with the     |                                |                      |                           |  |  |  |  |  |  |
| a job-related physical examination, drug test, and fingerprint ba                                                                         | ackground check                        |                           |                                |                      |                           |  |  |  |  |  |  |
|                                                                                                                                           |                                        |                           |                                |                      |                           |  |  |  |  |  |  |

Date \_

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Signature \_\_\_