



Application for Employment

Name: _____

Address: _____

Phone: _____ (home) _____ (work) _____ (cell)

What date would you be available for work: _____ Desired Wage: _____

Are you a U.S. Citizen, or are you otherwise authorized to work in the U.S. without any restriction? _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? _____

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? _____

Other training, certifications, or licenses held: (Class A, Pesticide, etc.) _____

Education				
School or Program Name	Location	Years Attended	Graduated	Course of Study

Are you able to accomplish the essential functions of the job with or without reasonable accommodations? _____

Additional skills including supervision skills, other languages, or information regarding this occupation you wish to bring to the employer's attention: _____

Have you had any accidents or moving violations in the past 3 years? _____ How many? _____

May we contact your present employer? Yes _____ No _____ Please notify me first _____

Employment History (list most recent first)	
Employer _____	Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____	
Address _____	City _____ State _____ Zip _____
Phone _____	Supervisor's Name and Title _____
Duties Performed _____	
Reason for Leaving _____	

Employment History (continued)

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor's Name and Title _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor's Name and Title _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor's Name and Title _____
Duties Performed _____
Reason for Leaving _____

References (please list two references who are not related to you)

Name: _____ Address: _____
Phone: _____ Relationship: _____
Name: _____ Address: _____
Phone: _____ Relationship: _____

Equal Opportunity Employer Statement

THE AMERICAN RIVER FLOOD CONTROL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS STATEMENT PLEASE CONTACT THE DISTRICT OFFICE AT 916-929-4006. THANK YOU.

Acknowledgement and Authorization

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.

This application for employment shall be considered active for a period of time not to exceed 60 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.

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 employer.

Signature of Applicant: _____ **Date:** _____

Office Use Only

Received	FS Review	Super Review	GM Review	Interview	Follow-up