



Application For Employment

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? | |
| <input type="checkbox"/> Friend/Relative: (name) _____ | <input type="checkbox"/> Website: (name) _____ |
| <input type="checkbox"/> Advertisement (publication) _____ | <input type="checkbox"/> Other: _____ |

| | | | |
|------------------------|------------|----------------------------|-------|
| Last Name | First Name | Middle Name | |
| Address | | City | State |
| | | Zip | |
| Telephone Number (Day) | | Telephone Number (Evening) | |
| Email Address | | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
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-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

Education

| | High School | Undergraduate College/University* | Graduate/ Professional* |
|--|-------------|--------------------------------------|-------------------------|
| School Name and City | | | |
| Years Completed | | | |
| Describe Course of Study | | | |
| Describe any specialized training, apprenticeship, skills and extra curricular activities | | | |
| Describe any honors you have received | | | |
| State any additional information you feel may be helpful to us in considering your application | | | |

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

| Indicate any languages, other than English, that you can speak, read and/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.

| | | | | |
|-----------|---------------------------------------|----------------|----|-----------------------|
| 1. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Telephone Number(s) | | | |
| | Address | | | |
| | Job Title | Supervisor | | |
| | Reason looking to leave or have left. | | | |
| 2. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Telephone Number(s) | | | |
| | Address | | | |
| | Job Title | Supervisor | | |
| | Reason for Leaving | | | |
| 3. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Telephone Number(s) | | | |
| | Address | | | |
| | Job Title | Supervisor | | |
| | Reason for Leaving | | | |
| 4. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Telephone Number(s) | | | |
| | Address | | | |
| | Job Title | Supervisor | | |
| | Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

References

Give name, address and telephone number of three business references who are not related to you.

| | Name | Relationship | Email Address | Telephone Number |
|----|------|--------------|---------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Do you have the physical and mental ability to perform the tasks on the **attached** job description (with or without accommodation)?

Yes No

(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 American River Flood Control District (ARFCD) 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 pre-employment 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 proof of insurance.

I understand and hereby acknowledge that any employment relationship with ARFCD is of an "at will" nature, which means that the employee may resign at any time and the ARFCD 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 executive of the ARFCD.

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 ARFCD.

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 ARFCD, 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: _____

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.

NOTES: