



Application For Employment

Name: _____

Address: _____

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

On what date would you be available for work? _____

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.*

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

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

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)

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

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 _____

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Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
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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: _____

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Equal Opportunity Employer Statement

THE AMERICAN RIVER FLOOD CONTROL DISTRICT (ARFCD) 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 MENTAL OR PHYSICAL DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

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. I understand and acknowledge that the policy of the 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 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 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 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:** _____

Office Use Only

Received	FS Review	Super Review	GM Review	Interview	Follow-up