



CARPINTERIA SANITARY DISTRICT
5300 Sixth Street, Carpinteria, California 93013
(805) 684-7214
(805) 684-7213 - fax

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS FORM

This application form was developed to give full consideration to your rights to individual privacy and equal opportunity. All requested information is needed to help measure your interests and qualifications for employment and to enable you to be contacted. No other use will be made of this information without your permission. In compliance with the Americans with Disabilities Act, if you require special accommodation in the recruitment process for any disability, advise the Carpinteria Sanitary District at (805) 684-7214.

(PLEASE PRINT OR TYPE)

Position Applied For: _____

Date of Application: _____

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Telephone (Home/Cell): _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

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

If hired, can you furnish proof of legal right to be permanently employed in the USA? Yes No
(Upon employment, new employees will be required to furnish documentation verifying authorization to work in the USA)

On what date would you be available to work? _____

Do you possess a valid California Driver's License? Yes No

Do you have any friends or relatives working here? Yes No

If yes, Name: _____ and Relationship: _____

Can you travel if a job requires it? Yes No

APPLICATION FOR EMPLOYMENT

RECORD OF PREVIOUS EMPLOYMENT

Are you employed now? Yes No May we contact your present employer? Yes No

Please list the names of your present and/or previous employers in chronological order, beginning with your current or most recent employer. Be sure to account for all periods of time, including military service. If self-employed, please give your company name and supply business references. Attach additional pages if necessary.

Present or Last Employer	From (mo/yr) To (mo/yr)	Job Title or Position
--------------------------	-------------------------	-----------------------

Name/Title of Supervisor	Phone	Reason for Leaving
--------------------------	-------	--------------------

Address	City, State, Zip
---------	------------------

Work Performed

Present or Last Employer	From (mo/yr) To (mo/yr)	Job Title or Position
--------------------------	-------------------------	-----------------------

Name/Title of Supervisor	Phone	Reason for Leaving
--------------------------	-------	--------------------

Address	City, State, Zip
---------	------------------

Work Performed

Present or Last Employer	From (mo/yr) To (mo/yr)	Job Title or Position
--------------------------	-------------------------	-----------------------

Name/Title of Supervisor	Phone	Reason for Leaving
--------------------------	-------	--------------------

Address	City, State, Zip
---------	------------------

Work Performed

Present or Last Employer	From (mo/yr) To (mo/yr)	Job Title or Position
--------------------------	-------------------------	-----------------------

Name/Title of Supervisor	Phone	Reason for Leaving
--------------------------	-------	--------------------

Address	City, State, Zip
---------	------------------

Work Performed

Present or Last Employer	From (mo/yr) To (mo/yr)	Job Title or Position
--------------------------	-------------------------	-----------------------

Name/Title of Supervisor	Phone	Reason for Leaving
--------------------------	-------	--------------------

Address	City, State, Zip
---------	------------------

Work Performed

APPLICATION FOR EMPLOYMENT

Veteran of the U.S. Military Service: Yes No If yes, what Branch? _____

List professional, trade business or civic activities and offices held (You may exclude those that indicate race, religion, gender, or national origin):

Were you ever discharged from any position? Yes No

If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

Have you ever used another name? Yes No

Is there any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____

PERSONAL REFERENCES

Please list three persons who know you well – **not** previous employers or family members

Name	Occupation	Phone	Relationship/ years known

APPLICATION FOR EMPLOYMENT

EDUCATION

Please provide educational information as requested

School Name and Location (city, state)	Years Completed	Diploma/Degree	Course of Study or Major	Specialized Training, Experience, Skills and Extra-Curricular Activities
High School				
College/University				
Graduate/Professional				
Trade School				
Other <i>(please specify nature of school)</i>				

Describe any specialized training, apprenticeship, coursework, certificates, licenses, skills, extra-curricular activities, or any additional information you feel may be helpful to us in considering your application:

APPLICANT'S STATEMENT & AGREEMENT

I understand that if I am hired by this District, my employment will be for no definite period regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the District has the same right. No one other than the General Manager of the District has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

If I am hired by this District, I will comply with all the rules and regulations of this District. I understand that the District reserves the right to require me, if placed into a DOT safety sensitive position, to submit to a test for the presence of alcohol and drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment, to a safety sensitive position, will be contingent upon my passing a physical examination test and a test for the presence of alcohol and drugs in my system, performed by a doctor selected by the District. Further, I understand that at any time after I am hired, in a safety sensitive position, the District will require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of physical examinations and related test to the District.

I understand that if I am offered employment with the District, the District may investigate my driving record and my criminal record and that an investigative report may be prepared whereby information is obtained through the Department of Motor Vehicles and an outside background investigative agency. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation and further understand that the District may contact my previous employers and I authorize those employers to disclose to the District all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the District, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal witnesses to provide the District with any pertinent information they may have regarding me.

I hereby state that all information that I provide on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal immigration laws require me to complete an I-9 Form in this regard.

If you have any questions regarding this statement, please ask a District representative before signing. **I hereby acknowledge that I have read the above statements and understand the same. YOUR SIGNATURE BELOW INDICATES YOU HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE ABOVE STATEMENT & AGREEMENT.**

Signature of Applicant

Date