

Name:

Address:

EMPLOYMENT APPLICATION

Home Phone:

Work Phone:

General Instructions: Please type or neatly print the information on this application and submit your resume.

City, State, Zip:		Cell Phone:		
Other names you have used while employed:		Email:		
Employment History: List your present or most roof unemployment. Include military and major volunthem separately. Use additional pages as needed	teer experience. If you held si	for all time gnificantly o	s during the past ten years, including period different positions with the same employer, lis	
Dates of Employment:	Job Title:		Employer:	
Job Duties:		-		
Last monthly salary:	☐ Part-Time ☐ Full-Time			
Reason for leaving:				
Supervisor's name/title:			Supervisor's phone:	
May we contact your current/most recent employer	for a reference?	☐ No	Yes, After Offer Only	
Dates of Employment:	Job Title:		Employer:	
Job Duties:		-		
Last monthly salary:	☐ Part-Time ☐ Full-Time			
Reason for leaving:				
Supervisor's name/title:			Supervisor's phone:	
May we contact this employer for a reference?	☐ Yes ☐ No			
Dates of Employment:	Job Title:		Employer:	
Job Duties:				
Last monthly salary:	☐ Part-Time ☐ Full-Time			
Reason for leaving:				
Supervisor's name/title:			Supervisor's phone:	
May we contact this employer for a reference?	☐ Yes ☐ No			

School Name	Major	Major Units		Degree	ee	
			GPA	13 11		
						
<u>licenses, Certificates</u> : Ir	nclude type of license or certificate, nui	mber, issuing state/orga	anization, and ex	piration date.		
icenses, Certificates:						
	her job-related skills such as compute fic equipment, fluency in foreign langua			key by touch	, machi	inery, po
Other Job Skills:						
Described Information . F						
	Please check the appropriate box for	-	f the position			
 Some positions requires you to be over the control of the control of	re a minimum age. Are you 18 years o er 18)	i older? (Allswer offly i	i trie position	[∐Yes	□No
. If you are under 18 do	o you have a work permit?			[∐Yes	□No
 Upon hire, will you be Immigration Reform a 	e able to provide proof of eligibility to wo and Control Act of 1986?	ork in the U.S. as speci	fied in the	[∐Yes	□No
L. Do you have a valid C	California Driver's License? (Answer or	nly if the position will red	quire you to drive	e.) [□Yes	□No
5. Have you ever been employed by Groveland Community Services District?					∐Yes	□No
o. Have you ever been e		ervices district?				□No
•	tives currently employed at Groveland		istrict?	[∐Yes	
•	tives currently employed at Groveland		istrict?	[∐Yes	
S. Do you have any rela Relationship: Name:	tives currently employed at Groveland Department	Community Services D				
Relationship: Name: Have you ever been r	tives currently employed at Groveland Department of the control o	Community Services D				
Relationship: Name: Have you ever been r	tives currently employed at Groveland Department	Community Services D				
Relationship: Name: Have you ever been relationship:	tives currently employed at Groveland Department of the control o	Community Services D nt: ent or resigned to avoid	such release or	discharge? [
Relationship: Name: /. Have you ever been relatives, please provide date	tives currently employed at Groveland Department of the control o	Community Services D nt: ent or resigned to avoid	such release or	discharge? [
Relationship: Name: Name: If yes, please provide da	tives currently employed at Groveland Department released or discharged from employmente(s) and circumstances: the application sign your name at the b	Community Services D nt: ent or resigned to avoid ottom and indicate the o	such release or	discharge? [∐Yes	□No
Relationship: Name: Have you ever been r If yes, please provide da Once you have completed I certify that all staten	tives currently employed at Groveland Department of the control o	Community Services D nt: ent or resigned to avoid ottom and indicate the o	such release or	discharge? [leted. and belief. If	□Yes	□No
Relationship: Name: Have you ever been r If yes, please provide da Once you have completed I certify that all staten	tives currently employed at Groveland Department released or discharged from employmente(s) and circumstances: the application sign your name at the bunches on this form are true and con	Community Services D nt: ent or resigned to avoid ottom and indicate the o	such release or	discharge? [leted. and belief. If	□Yes	□No
Relationship: Name: Have you ever been r If yes, please provide da Once you have completed I certify that all staten	tives currently employed at Groveland Department released or discharged from employmente(s) and circumstances: the application sign your name at the bunches on this form are true and con	Community Services D nt: ent or resigned to avoid ottom and indicate the o	such release or	discharge? [leted. and belief. If	□Yes	□No