



## EMPLOYMENT APPLICATION

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Please answer all questions correctly and accurately. All statements in your application are subject to verification. An incorrect statement may bar or remove you from employment. Please type or print. Applications may be mailed to the **GOLETA SANITARY DISTRICT (GSD), ONE WILLIAM MOFFETT PLACE, GOLETA, CA 93117**

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### PERSONAL

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Last Name	First Name	Middle Initial	Last 4 of Social Security Number
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Mailing Address	City	State / Zip
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Mobile Phone	Home Phone	e-mail
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Number of years at present address? \_\_\_\_\_ Are you under 18 years of age?      ☐ Yes   ☐ No

If selected for a position, can you provide proof of your identity and authority to work in the United States?      ☐ Yes   ☐ No

If you ever have been in the armed forces what relevant skills did you acquire?

\_\_\_\_\_  
\_\_\_\_\_

If employed here do you expect to work elsewhere?      ☐ Yes   ☐ No

If yes, please explain: \_\_\_\_\_

Will you accept temporary work?      ☐ Yes   ☐ No      Can you work any shift or day of the week?      ☐ Yes   ☐ No

Valid Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Class A: ☐      Class B: ☐      Class C: ☐      Class M: ☐

Additional information, if any pertaining to Driver's License: \_\_\_\_\_

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### EMERGENCY CONTACT

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

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## EDUCATION

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Name and Location of School: \_\_\_\_\_

Did you graduate?      ☐ Yes   ☐ No

Did you earn a GED?      ☐ Yes   ☐ No

Highest grade completed   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10   ☐ 11   ☐ 12

Name and location of Colleges, Universities, Trade or Vocational Schools or Training Programs Attended	Major	Graduate Yes/No	Semester Units	Quarter Units	Degree or Certification

List courses you are currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you like to work with figures?      ☐ Yes   ☐ No

Typing Speed? \_\_\_\_\_ wpm

plan to take additional courses?   ☐ Yes   ☐ No   Where? \_\_\_\_\_

What courses? \_\_\_\_\_

\_\_\_\_\_

Do you possess a professional or trade license or certificate?      ☐ Yes   ☐ No

Type	Issued By	Expiration Date

What business, vocational equipment or machines can you operate?

\_\_\_\_\_

\_\_\_\_\_

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## EXPERIENCE

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List all positions you have held during the past 10 years starting with your present or most recent position. Include relevant volunteer experience. Account for all periods of unemployment. Resumes may be added but cannot substitute for this section.

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May we contact your present employer?      ☐ Yes   ☐ No

Name: \_\_\_\_\_

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### EXPERIENCE Continued

Dates of Employment	Job Title(s) and Duties Performed	Employer's Name and Address
From Month / Year:	Job Title:	Company:
To Month / Year:	Hours per week:	Address:
	Number Supervised:	City:
Duties:		State / Zip:
		Phone:
		Supervisor's Name
		Phone:
<p>Was the conclusion of your employment with this employer initiated by the employer or by you?    <input type="checkbox"/> Employer    <input type="checkbox"/> Me</p> <p>Were you terminated for performance or conduct reasons, or did you voluntarily resign completely of your own volition?</p> <p>_____</p> <p>If you resigned, were you asked to resign or given the opportunity to resign in lieu of being terminated?</p> <p>_____</p> <p>Were you advised by the employer of any performance or conduct issues that led to your termination?                      If so, what were they?</p> <p>_____</p> <p>_____</p>		

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Duties:		State / Zip:
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		Supervisor's Name
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Name: \_\_\_\_\_

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### EXPERIENCE Continued

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From Month / Year:	Job Title:	Company:
To Month / Year:	Hours per week:	Address:
	Number Supervised:	City:
Duties:		State / Zip:
		Phone:
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**ADDITIONAL INFORMATION**

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Give any additional information covering your qualifications for this position.

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**REFERENCES**

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Please provide names and addresses of two people, not relatives, who have knowledge of your skills, experience and ability.

Name:	Address:	City/State/Zip:
Title:	Organization:	Phone:

Name:	Address:	City/State/Zip:
Title:	Organization:	Phone:

Name:	Address:	City/State/Zip:
Title:	Organization:	Phone:

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**AGREEMENT**

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I authorize investigation of all statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other persons to whom the company may refer, to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records.

I understand that misrepresentation or omission of the facts called for herein, receipt of unsatisfactory references or failure to pass a prescribed physical examination will entitle the District to cease further consideration of my application (or end my employment if I shall have been employed). I further understand if I shall be employed, my employment will initially be on a probationary basis and subject to the District's other policies and procedures.

I certify that all statements made in this application are true and complete, and that any misstatement of material fact will subject me to disqualification or dismissal.

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Signature of applicant

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Date