

# APPLICATION FOR EMPLOYMENT

## PHELAN PIÑON HILLS COMMUNITY SERVICES DISTRICT

4176 Warbler Road, Phelan, CA 92371

**PLEASE PRINT (DO NOT TYPE) & COMPLETE IN FULL**

**PRE-EMPLOYMENT QUESTIONNAIRE**

**EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER (Optional)	
MAILING ADDRESS		CITY	STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		CITY	STATE	ZIP CODE
PHONE NO.		HOW DID YOU HEAR ABOUT THIS POSITION?		

**POSITION YOU ARE APPLYING FOR**

POSITION TITLE	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN?	

**EDUCATION**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE			
CERTIFICATES RECEIVED			

SUBJECTS OF SPECIAL STUDY, TRAINING, SKILLS AND CERTIFICATES:

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**TYPING SPEED:**

**10-KEY BY TOUCH? (Yes or No):**

**DRIVERS LICENSE/DRIVING RECORD**

CURRENT CALIFORNIA DRIVERS LICENSE: (# Optional) <b>Y/N? #:</b>	ANY MOVING VIOLATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT/WHEN, RESTRICTIONS?
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**EMPLOYMENT HISTORY (List below last four employers, starting with most recent employer)**

DATES EMPLOYED FROM TO	EMPLOYER #1 (Most Current)	WORK PERFORMED - USE ADDENDUM IF NECESSARY
	CITY, STATE	
# OF YRS. # OF MOS.	PHONE NUMBER	
HOURLY RATE/SALARY STARTING FINAL	JOB TITLE SUPERVISOR	
	REASON FOR LEAVING	
DATES EMPLOYED FROM TO	EMPLOYER #2	WORK PERFORMED - USE ADDENDUM IF NECESSARY
	CITY, STATE	
# OF YRS. # OF MOS.	PHONE NUMBER	
HOURLY RATE/SALARY STARTING FINAL	JOB TITLE SUPERVISOR	
	REASON FOR LEAVING	

**EMPLOYMENT HISTORY continued**

. DATES EMPLOYED . FROM . . . . . TO . . . . .		EMPLOYER #3	WORK PERFORMED - USE ADDENDUM IF NECESSARY
		CITY, STATE	
# OF YRS .	# OF MOS .	PHONE NUMBER	
. HOURLY RATE/SALARY . STARTING . . . . . FINAL . . . . .		JOB TITLE	SUPERVISOR
		REASON FOR LEAVING	
. DATES EMPLOYED . FROM . . . . . TO . . . . .		EMPLOYER #4	WORK PERFORMED - USE ADDENDUM IF NECESSARY
		CITY, STATE	
# OF YRS .	# OF MOS .	PHONE NUMBER	
. HOURLY RATE/SALARY . STARTING . . . . . FINAL . . . . .		JOB TITLE	SUPERVISOR
		REASON FOR LEAVING	

**COMPUTER SKILLS**

APPLICATIONS	PROGRAM/APPLICATION	VERSION	YEARS OF EXPERIENCE
WORD PROCESSING			
SPREAD SHEETS			
OTHER			
OTHER			

**REFERENCES (List 3 persons, not related, you have known at least one year--do not include former employers).**

NAME	ADDRESS	BUSINESS	YEARS KNOWN
	PHONE NUMBER		

**COMMENTS - USE THIS SECTION TO ADDRESS ISSUES AND EXPERIENCES THAT YOU WISH US TO CONSIDER WHEN REVIEWING YOUR APPLICATION.**


**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment any pertinent information they may have, personal or otherwise, and release Phelan Piñon Hills CSD and/or my previous employer from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I acknowledge that drug and alcohol screens will be required prior to employment and positive results will disqualify me. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

**SIGNATURE:** \_\_\_\_\_

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