APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE COMPLETED IN INK, WITHOUT ASSISTANCE, BY APPLICANT. If a job-seeker needs accommodation to apply for this job, a request must be received in writing at the District office at least two days prior to the application deadline.

Name of Applicant _____
(PRINT) Last Name First Middle

Position _____
Show exact title of position for which you are applying.

Address _____
Number Street City Zip Code

Home/Cell/Business Phone _____

E-mail Address _____

Driver's License No. _____ State _____ Expires _____

SELMA – KINGSBURG – FOWLER COUNTY SANITATION DISTRICT
11301 E. Conejo Ave., P. O. Box 158
Kingsburg, CA 93631
Phone: (559) 897-6500; Website: skfcsd.org

EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, national origin, ancestry, sex, sexual orientation, gender, religion, physical or mental disability, medical condition, age, marital status, veteran status, or any other legally protected status.

Application Evaluation Policy

A complete application is required for each job opening. Every applicable blank must be completed to ensure proper evaluation. Do not refer to resumes or other applications. Handwriting legibility is part of the evaluation process.

For District Use Only

EMPLOYMENT HISTORY: Use additional forms if necessary. Show your present job first. List all other jobs in reverse order, for the last 10 years. Use a separate block for each job title, even those with the same employer. Show other directly applicable experience, even if more than 10 years ago.

From (Month/Year) _____ To (Month/Year) _____ Hrs. per week:	Your Present or Last Job Title: _____ Your Duties: _____	Employer's name, address, phone number _____ Reason for leaving _____
From (Month/Year) _____ To (Month/Year) _____ Hrs. per week:	Your Job Title: _____ Your Duties: _____	Employer's name, address, phone number _____ Reason for leaving _____
From (Month/Year) _____ To (Month/Year) _____ Hrs. per week:	Your Job Title: _____ Your Duties: _____	Employer's name, address, phone number _____ Reason for leaving _____

(See Reverse Side)

From (Month/Year) _____ To (Month/Year) _____ Hrs. per week: _____	Your Job Title: _____ Your Duties: _____	Employer's name, address, phone number _____ Reason for leaving _____
From (Month/Year) _____ To (Month/Year) _____ Hrs. per week: _____	Your Job Title: _____ Your Duties: _____	Employer's name, address, phone number _____ Reason for leaving _____

	Yes	No
Did you graduate from high school or possess a G.E.D. high school equivalency certificate?	☐	☐
Do you speak, write or understand any foreign language? If yes, describe which language and how fluent: _____	☐	☐
Are you related to anyone presently employed by the District? If yes, give name and relationship _____ _____	☐	☐
Are you now or have you ever been employed by the District?	☐	☐
Have you previously applied for a job with the District?	☐	☐
Are you legally eligible to work in the United States? (Note: Proof of eligibility is required after hire.)	☐	☐
May we contact your present or former employer for a reference?	☐	☐

COLLEGES AND SCHOOLS ATTENDED AFTER HIGH SCHOOL

Name and Location of College or School	Did You Graduate?	Total Units or Hours	Major	Degree Rec'd.

If you possess any license or certificate, give the following information:

Title: _____

License No.:_____ Issuing State: _____

Date Issued: _____Date Expires: _____

SPECIAL SKILLS List all pertinent training, skills and equipment you can operate._____

_____

REFERENCES List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATE OF APPLICANT (Read this statement carefully before signing.) *I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights to employment by the District. I understand that I will be required to sign authorization forms which will allow the District, or its agents, to verify facts stated on this application or in any examination and which will release the supplier and user of such information from any liability. I understand that this application is not a contract.*

Signature of Applicant _____ **Date** _____