



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

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)

Date of Application _____

Position Applied For _____

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 _____

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

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

Have you been convicted of a felony within the last seven (7) years? Yes No

If yes, please give date and details: _____

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date, surrounding circumstances and relevance of the offense to the position applied for may, however, be considered.

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: _____

Please list three personal references (not former employers or relatives)

Name	Occupation	Address (Street, City, State)	Telephone Number	Number of Years Known
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1. _____

2. _____

3. _____

Education

	Name & Location of School	Course of Study	Years Completed	Diploma/Degree
High School or Equivalent				
College or University				
Graduate School				

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

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
2.	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
3.	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
4.	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
5.	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience.

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender, national origin, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment and will not be used in any way to make any employment decision.

Date _____

(PLEASE PRINT)

Name _____

Last

First

Middle

Position Applied For _____

Referral Source: _____ Advertisement: _____ Friend: _____ Relative: _____ Walk-In: _____

Employment Agency _____ Other _____

Affirmative Action Survey

Government Agencies require periodic reports on gender, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only. **Submission of information is voluntary.**

Check one: _____ Male _____ Female

Check one of the following Race/Ethnic Groups: _____ White _____ Black _____ Hispanic
_____ American Indian/Alaskan Native
_____ Asian/Pacific Islander
