



RANCHO MURIETA COMMUNITY SERVICES DISTRICT

APPLICATION FOR EMPLOYMENT

Rancho Murieta Community Services District is an at will employer. Either the District or the employee can terminate the relationship at any time without cause.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT – USE BLUE OR BLACK INK

Position(s) Applied For:		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)			
Best time to contact you at home is: _____:_____ a.m./p.m.			
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with the District before?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give date: _____			
Do any of your friends or relatives work here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Proof of citizenship or immigration status will be required upon employment.			
Date available for work: ____/____/____		What is your desired salary range? _____	
Are you available to work:			
	Full Time	(please indicate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 shift)	
	Part Time	(please indicate <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings)	
	Temporary	(please indicate dates available ____/____/____ to ____/____/____)	
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you travel if a job requires it?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of any offense by any civilian or military court?			<input type="checkbox"/> YES <input type="checkbox"/> NO
(Conviction will not necessarily disqualify an applicant.)			
If so, please explain.			
Are you currently out on bail or under your own recognizance for an arrest pending trial?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been discharged for cause from any employment or resigned in lieu of discharge?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid driver's license?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any restrictions on your license?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your license ever been suspended or revoked?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been arrested for driving under the influence?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been cited for a traffic violation of any kind within the last FIVE years?			<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED	ADDRESS	DID YOU GRADUATE?

If NO, do you have a GED? YES NO

COLLEGE/UNIVERSITY NAME/ADDRESS	COURSE OF STUDY	UNITS EARNED	DEGREE AWARDED

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone Number

Your Position Title

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____

From

To _____

Describe Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? YES NO

Name of Employer

Telephone Number

Your Position Title

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____

From

To _____

Describe Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? YES NO

Name of Employer

Telephone Number

Your Position Title

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: _____
From To

Describe Duties: _____

Reason for Leaving: _____
May we contact this employer for a reference? YES NO

Name of Employer

Telephone Number

Your Position Title

Your Supervisor's Name

Address & Street

City State Zip

Dates of Employment: _____
From To

Describe Duties: _____

Reason for Leaving: _____
May we contact this employer for a reference? YES NO

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Specialized Skills (check skills/equipment operated).

_____ Terminal	_____ Spreadsheet	Production/Mobile	Other (list)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
_____ WPM	_____ WPM	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

References

1. _____
Name Phone Number

Address

2. _____
Name Phone Number

Address

3. _____
Name Phone Number

Address

Applicant's Statement

I certify that the answers given herein are true and complete. It is the goal of the District to provide a safe and productive work environment.

All applicants for employment including those for temporary positions shall be scheduled for drug/alcohol testing as part of the pre-employment medical evaluation. The final job offer will be contingent upon successful completion of the medical evaluation.

In addition, all applicants including those for temporary positions shall complete a fingerprint identification card and personal description shall be forwarded to the Bureau of Criminal Identification Investigations, State Department of Justice for a background check of the applicant's criminal history.

No person shall be employed by the District who has been convicted of a serious or violent felony. Serious or violent felony as used in this paragraph means serious felony as listed in Penal Code Section 1192.7 ©. Violent felony as used in this paragraph means a violent felony as listed in Penal Code Section 667.5.

All persons employed by the District shall also be in possession of the category of California Driver's license required by the State Department of Motor Vehicles to perform the essential duties of the position applied for. Continued maintenance of a valid driver's license and compliance with established District vehicle operation standards are a condition of employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks: _____

Employed YES NO Date of Employment _____

Job Title _____ Hourly Rate _____ Department _____

By _____

Name and Title

Date