

CAMERON PARK COMMUNITY SERVICES DISTRICT

Employment Application



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.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for			
How Did You Learn About us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other			
Have you ever been employed with this agency? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever worked for a CalPERS agency? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
May We Contact Your Present Employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, provide contact and number			
Do Any Friends or Relatives Work Here? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, state name, relationship, and position			
If hired, will you be able to provide proof of eligibility to work in the United States as required by law? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are You Available to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal (Please indicate dates ___/___/___ - ___/___/___)			

IF YOU ARE UNDER THE AGE OF 18, YOU WILL BE REQUIRED TO APPLY FOR A WORK PERMIT THROUGH YOUR SCHOOL.

EDUCATION

School	Name & Address of School	Years Completed	Course of Study	Diploma/Degree

WORK EXPERIENCE (Please use additional papers if you need extra space. Include your name on each page).

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.

Employer		Phone ()
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Employer		Phone ()
Address		
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer		Phone ()
Address		
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS OR RELEVANT EXTRACURRICULAR ACTIVITIES RELATED TO THIS POSITION.

SAMPLE

REFERENCES	
<i>Please list three professional references (not family members) If you do not have three, please list the most relevant references available.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

If you require assistance or accommodations during the application process, please contact our Human Resource Department at 530-677-2231