



Employment Application

American Valley Community Services District – 900 Spanish Creek Road – Quincy, CA 95971

P. (530)283-0836 F. (530) 283-0838 E. katie@americanvalleycsd.com W. www.americanvalleycsd.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Social Security #					
Address	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Mailing Address (if different)					
Telephone Number(s)		Day	Evening	Messages	
Email Address					

For Insurance purposes, are you at least 21 years of age or older? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? _____. If Yes, list convictions:

Education

School Name, and Location	High School				Undergraduate College/University*				Graduate/ Professional*			
	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or physical disability or other protected status:

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

2.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

3.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

Military Service

Branch of Service	Rank & Duties	From	To	Date of Discharge

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

Special Skills and Qualifications

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

References

Give name, address and telephone number of three business references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

Do you have the physical and mental ability to perform the tasks on the **attached** job description, with or without accommodation?

Yes No

(If accommodation is necessary, please describe below)

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment. I also understand the failure to provide such proof at the time required may legally force my termination.
- This application for employment shall be considered active for a period of time not to exceed 90 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 understand and hereby acknowledge that any employment relationship with the AVCSD is of an “**at will**” nature, which means that the employee may resign at any time and the AVCSD may discharge the employee at any time with or without cause. I also understand 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 WCCTA.
- 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 AVCSD.
- Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the AVCSD, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

- I understand that nothing contained in this employment application or granting of an interview is intended to create a contract between me and the AVCSD for either employment or the provision of any benefits.
- In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the AVCSD unless made in writing and signed by me and an authorized representative of the AVCSD.

Signature of Applicant: _____

Date: _____