

## **EMPLOYMENT APPLICATION**

Pilease print or type and complete all sections.

## **QUINCY COMMUNITY SERVICES DISTRICT**

900 Spanish Creek Road, Quincy, CA 95971 Office (530) 283-0836 Fax (530) 283-0838

Position			
Position applied for:	From what	t source did you learn about lease be specific.	
PERSONAL INFORMATION	position, p	lease de specific.	
EKSONAL INFORMATION			
Name: Last First	. Middle Initial	Social Security Number:	<u> </u>
-	Middle Initial		
ddress: Number Street	Apt No. City	Sia	te Zip Code
ome Phone: ()	Business Phone: ()		
		Yes N	quired to provide a work perm
ave you been employed by, or applied to, the ! District	t before? Yes No		ition, will you be able to
yes above, please explain:		provide identif	ication and proof of eligibilit
ate you are available for employment:	<u> </u>	- work in the Un	
DUCATION/TRAINING/SPEC	TAT OTTATION OF THE		
	TAL QUALIBICATIONS		
rhest Grade Completed: I poss	ess a: High School Diploma	School:	
	GED Certificate or High	School Proficiency	•
College/University/Trade School or Special Training	Course of Study/	Date Degree of	Type of Degree
or Special Training	Major	Certificate Awarded	or Certificate
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er professional licenses / certificates or membersh	tips in professional associations:		
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ary training or experience related to the position:			
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uages, other than English, for which you are flue	nt:	•	•
•	nt: Write:		
Read:			
Read:	Write: Write:	you are applying:	
Read:	Write: Write:	you are applying:	
Read:	Write: Write:	you are applying:	
guages, other than English, for which you are fluer Read: Read: r skills/qualifications/abilities you possess whi	Write: Write:	you are applying:	

Are you able to do all the essential functions of the	position, with or without reasonable accommo	dations? 🗆 Yes 🗆 No
Do you possess a valid California drivers' license?		The state of the s
SECURITY DISCLOSURE		
Have you ever been convicted of a felony? $\square$ Yes	No If yes, Explanation:	
You may omit any offense for which the record has		
case is given individual consideration based upon jo	ob relatedness of offense. (Note: For Public Safe	ety positions, additional information may be
requested in the course of standard background che		
EMPLOYMENT HISTORY/WOR	KEXPERIENCE	
Begin with your most recent experience and list all p	positions within the past ten years, including m	ilitary experience and volunteer positions.
Complete this section even if you attach a resume. (	If you need more room, you may attach an add	itional sheet.) Complete all sections.
Employer:		Phone: ()
Address: Number Street		
		State Zip Code
Last Position:		to Last Rate of Pay:
Average Number of Hours Per Week Worked:  Duties and Responsibilities:		
Dunes and responsibilities.		
Reason for Leaving:		
Employer:		Phone: ()
Address: Number Street	Suite No. / Mailstop City	State Zip Code
Last Position:Average Number of Hours Per Week Worked:	• *	to Last Rate of Pay:
Duties and Responsibilities:	Dapotyloof Ivalilo / Titol	
Reason for Leaving:		
Employer:		Phone: ()
Address: Number Street	Suite No. / Mailstop City	State Zip Code
Last Position:	Employed from:	to Last Rate of Pay:
Average Number of Hours Per Week Worked:	Supervisor Name / Title:	Last Rate Of Fay.
Duties and Responsibilities:		
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Reason for Leaving:		

5 Proof of you legal right to work in the United States must be submitted at the time of employment. 6 Upon employment, you shall be expected to take a loyalty oath as required by law.  Certification:  certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and belief, and I gree that any false statements or omissions shall be considered sufficient cause for disqualification from further consideration or dismissal if I litimately hired. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an imployment contract between the Quincy CSD and myself for either employment or for the providing of any benefit. No promises regarding mployment have been made to me, and I understand that no such promise or guarantee is binding upon Quincy CSD unless made in writing by n authorized person.  understand that prior to being offered employment with Quincy CSD I may be requested to take an employment test. In the event that I ave a disability which will affect my ability to take the test, I will so inform Quincy CSD prior to the administration of the test so that a passonable accommodation can be made. Quincy CSD reserves the right to require medical documentation concerning the need for						
Last Position: Employed from: Supervisors Name/Title: Dudas and Responsibilities:    Supervisors Name/Title:   Dudas and Responsibilities:   Supervisors Name/Title:   Dudas and Responsibilities:   Reason for Leaving:   APPLICANTS ACREMINT / REJEASE / CERTIFICATION   Reason for Leaving:   Supervisors Name/Title:   Supervisors Name/Title:   Supervisors Name/Title:   Professional Supervisors Name/Title:   Professional Supervisors Name/Title:   Reason for Leaving:   Reason for Leaving:   APPLICANTS ACREMINT / REJEASE / CERTIFICATION   Reason for Leaving:   Supervisors Name/Title:   Supervisors Name/Title:   Professional Supervisors Name/Title:   Professional Supervisors Name/Title:   Professional Name/Title:	Employer:			Phone:	()	
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of a conditional job offer  I do not give permission for background / reference / employment checks to be done.  Explanation:	give permission for backgro	und / reference /	employment checks to	be done upon being pla	ced on an eligible li	st,
I do not give permission for background / reference / employment checks to be done.  Explanation:	except from my current empl	oyer. Information	from my current emplo	oyer may be obtained or	nly after an extensio	n of
Explanation:		eackaround / refor	ence / employment ab-	volka ta ba dana		
		ackground / reler	ence / employment cne	cks to be done.		
ave read, understand and agree to the information noted above:	Explanation:					
	nave read, understand and agree	to the information	noted above:			

Date Signed

Signature of Applicant