

# EMPLOYMENT APPLICATION

DATE STAMP

## Big Pine Community Services District

180 Main St, Suite D • Big Pine, CA 93513

Telephone: (760) 938-2660

Date: \_\_\_\_\_ Phone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street/P.O. Box City State Zip Code

Email: \_\_\_\_\_ Do you possess a current Driver's License:  Yes  No

Current Driver's License #: \_\_\_\_\_ State Issue: \_\_\_\_\_ Exp. \_\_\_\_\_

Are you a U.S. citizen or an alien authorized to work in the United States?  Yes  No

\*Have you been convicted of a misdemeanor within the last 10 years?  Yes  No If Yes, please explain \_\_\_\_\_

\*Have you been convicted of a felony?  Yes  No If Yes, please explain \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date you can start \_\_\_\_\_ Where did you hear about this position: \_\_\_\_\_

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

Do you have any physical limitations that prevent you from fully performing any work for which you are being considered?  
 Yes  No If yes, please describe what can be done to accommodate your limitations?  
\_\_\_\_\_  
\_\_\_\_\_

\*If the questions are not checked; the application will be considered incomplete. Answering "Yes" to questions with a \* does not necessarily mean you will not be hired.

## EDUCATION

	School	Subjects Studied	Diploma/Certificate/Degree Earned
High School			
College or University			
Graduate/Professional			
Trade, Business, or Correspondence School			

**EMPLOYMENT EXPERIENCE** Note: Starting with the most current employment, please list work experience and/or any volunteer activities as it relates to this position.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_