



Castroville Community Services District
11499 Geil Street, Castroville, CA 95012
(831) 633-2560
www.Castrovillecsd.org

Application for Employment

Position Applied for _____

Name _____ Date _____
Last First Middle

Address _____

City, State, Zip _____

Telephone Number () _____ () _____
Home Cell

Telephone Number () _____
Business

Résumé Attached Yes / No

Do you need reasonable accommodations to take an interview or written Test?

Yes _____ No _____

Are you legally eligible for employment in this Country?

Yes _____ No _____

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

Are you willing to take a physical examination?

Yes _____ No _____

(Employment offer is contingent on applicant passing a job-related physical examination and drug testing)

Education and Training

Did you graduate from High School? Yes ___ No ___

If not do you possess a GED or equivalent? Yes ___ No ___

List below University or College name and location, business, correspondence, trade or service schools:

Name/Location	Course of Study	Units Completed	Diploma/Degree or Certificate

List below any licenses and certificates of professional or vocational competence, or membership in professional associations: (You may exclude memberships which would reveal race, color, religions, creed, sex, national origin, marital status, age, physical or mental disability, and medical condition)

Skills and Qualifications – Summarize special skills, qualifications, or languages, acquired from employment or other experiences that may qualify you for work with the Castroville Community Services District.

Beginning with your present or most recent position, please list employment history for the last ten years, including all of the information requested.

1.) From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ May we contact? ___Yes ___No

Immediate Supervisor and Title

Starting Title

Ending Title _____ Hours Per Week: _____

Description of Duties:

Reason for Leaving



2.) From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ May we contact? ___ Yes ___ No

Immediate Supervisor and Title

Starting Title

Hours Per Week:

Ending Title

Description of Duties:

Reason for Leaving

3.) From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ May we contact? ___ Yes ___ No

Immediate Supervisor and Title

Starting Title

Hours Per Week

Ending Title

Description of Duties:

Reason for Leaving

4.) From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ May we contact? ___ Yes ___ No

Immediate Supervisor and Title

Starting Title

Hours Per Week

Ending Title

Description of Duties:

Reason for Leaving

Military - Complete this section if you have served in the armed forces.

Branch of Service

Period of Active Duty

to

Date and Rank of Final Discharge

Type of Discharge

Reserve Status

Describe your duties and any special training: _____

References – Please provide information for three (3) professional references that are not related to you.

1.) Name _____ Phone Number _____

Address _____

Business _____ Years Known _____

2.) Name _____ Phone Number _____
Address _____
Business _____ Years Known _____

3.) Name _____ Phone Number _____
Address _____
Business _____ Years Known _____

I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I further declare that I, the undersigned applicant, have personally completed this application. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements and contact with references contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and hereby acknowledge that any employment relationship with the Castroville Community Services District is "Employment at Will", which means that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this "Employment at Will" relationship cannot be changed verbally or in writing, unless such change is specifically authorized in writing by the District General Manager of the Castroville Community Services District. I also understand that this application is not a contract of employment. I also understand that I am required to abide by all rules and regulations of the Castroville Community Services District.

Applicant's signature

Date

All qualified applicants will receive consideration for employment without regard to race, color, sex, age, national origin, religion, or physical handicap, sexual preference or sexual orientation. In addition, we encourage employment of veterans. Castroville Community Services District offers equal opportunity treatment to all employees and qualified applicants.