



## EMPLOYMENT APPLICATION

Rosamond Community Services District is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin, ancestry, sex, gender, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other legally recognized protected basis under federal, state, or local law.

**Applicant Information**

<b>Print Name (First, Middle, Last)</b>		<b>Date of Application</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>		<b>Email</b>	
<input type="checkbox"/> Home <input type="checkbox"/> Cell			

**Employment Desired**

Full Time     Part Time     Temporary

Position Applying For: \_\_\_\_\_

Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Would you be available to work overtime, if necessary?.....  Yes     No

On what date are you available to begin work? : \_\_\_\_\_

**General Information**

1. Have you ever worked for this company before?.....  Yes  No
  - a. If yes, please give dates and position: \_\_\_\_\_
2. Do you have friends and/or relatives working for this company?.....  Yes  No
  - a. If yes, name(s) and relationship(s): \_\_\_\_\_
3. If hired, would you have a reliable means of transportation to and from work?.....  Yes  No
4. Are you at least 18 years old?.....  Yes  No
  - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
5. Are you legally authorized to work in the United States?.....  Yes  No

6. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....  Yes  No
- a. Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA) and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
7. Are you currently employed? .....  Yes  No
- a. If yes, may we contact your current employer? .....  Yes  No

**Employment Experience**

Please list the names of your present or previous employers in chronological order with the present or most recent employer listed first.

Name of Employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code
Phone Number	Dates Employed (Month/Year)		
	From:	To:	
Job Title and Duties	Reason for Leaving		

Name of Employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code
Phone Number	Dates Employed (Month/Year)		
	From:	To:	
Job Title and Duties	Reason for Leaving		

Have you ever been involuntarily terminated or asked to resign from any job?.....  Yes  No  
 If yes, please explain in the space provided:

Do you speak, write, or understand any foreign languages? .....  Yes  No  
 If yes, which language(s): \_\_\_\_\_

Please list any other experience, job related skills, certificates, licenses, registrations, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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**Education**

Please describe your educational background in the tables provided below.

School Name		Years Completed	Graduated?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Years Attended	
		From:	To:
Level of Education		Degree/Major	
<input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Trade/Vocational			

School Name		Years Completed	Graduated?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Years Attended	
		From:	To:
Level of Education		Degree/Major	
<input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Trade/Vocational			

**Applicant Statement and Agreement**

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize ROSAMOND COMMUNITY SERVICES DISTRICT (the Company) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

\_\_\_\_\_ If I am offered a position, I understand and agree that the offer of employment is contingent upon passing a job-related pre-employment physical examination as well as a drug test, consistent with federal, state, and local law.

\_\_\_\_\_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification Form I-9 upon hire.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_