

Crockett Community Services District

Mailing Address:
Crockett Community Services District
850 Pomona Street
Crockett, CA 94525

EMPLOYMENT APPLICATION

Name:		Date:	
Address:		Home Telephone:	Other Number:
City:		State:	Zip Code:
E-mail Address:			
Position Applied For:			

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL NAME	LOCATION	No. Yrs.	Graduated		DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
			Yes	No		
Business/Technical/Vocational 1.						
2.						
Colleges/Universities 1.						
2.						
Graduate Schools 1.						
2.						

LICENSES

Do you have a valid California Driver's Licenses? Yes <input type="checkbox"/> No <input type="checkbox"/>
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OTHER INFORMATION

Are you related to any member of the CCSD Governing Board or any person now employed by the CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the next line.		
Name:	Department:	Relationship:

EMPLOYMENT RECORD

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience.

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	_____	Full-time <input type="checkbox"/>	Position Title: _____
Address:	_____	Part-time <input type="checkbox"/>	Ending Salary: _____
City/State:	_____		
Start Date	End Date	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving:	_____		Supervisor's Phone: _____
Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. _____			

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City/State:	_____		
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City/State:	_____		
Start Date	End Date	Months in this position: _____	Supervisor's Name: _____
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Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. _____			

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the Crockett Community Services District (CCSD) to investigate and verify any representations made by me, either orally or in writing. I hereby release the CCSD, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I also understand that this application is the property of the CCSD and will become a part of my personnel file if I am hired.

Signature of Applicant: _____ Date: _____