

Employment Application

Los Osos Community Services District
2122 9th Street, Suite 102, Los Osos, CA 93402
Telephone (805) 528-9370 Fax (805) 528-9377 www.losososcsd.org

We consider applicants for all positions without regard to race, color, religion, sex, gender, sexual orientation, ancestry, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, medical condition, genetic information, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip
Mailing Address (if different)		
Telephone Number(s)	Day	Evening
		Messages
Email Address		

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? If yes, give date _____ Yes No
- Have you ever been employed with us before? If yes, give date _____ Yes No
- Are you currently employed? Yes No
- May we contact your present and past employers and business references? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No
- Are you currently available to work: Full Time Part Time Temporary
 On what date would you be available for work? _____
- Were you ever discharged or asked to resign from a position? Yes No
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? Yes No
- Have you ever been a member of the California Public Employees Retirement System (CalPERS)?
 If yes, please state name of last CalPERS Employer _____ Yes No

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

Education

School Name, Location and Phone Number	High School				Undergraduate College/University*				Trade School			
	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. **You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:**

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, sex, gender, sexual orientation, ancestry, national origin, mental or physical disability, medical condition, genetic information or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

2.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

3.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

4.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

References

Please provide the name, address and telephone number of three business references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

Do you have the physical and mental ability to perform the tasks on the **attached** job description, with or without accommodation? Yes No (If accommodation is necessary, please describe below)

The following documents must be attached to this application: _____ a signed Statement of Physical Requirements
_____ a signed Inquiry Authorization Waiver and Release

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that the Los Osos Community Services District (LOCSD) is an equal opportunity employer and does not discriminate in employment. No questions on this application are used for the purpose of limiting or excusing any Applicant from consideration for employment on a basis prohibited by local, state or federal law.
- I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen, pre-employment physical, and criminal background check and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.
- If the position applied for requires driving in the course of work, I give the District the right to investigate my DMV records and that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.
- I understand that this application for employment shall be considered active for a period of time not to exceed 90 days and that any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I understand and hereby acknowledge that there is an introductory period regarded as part of the examination process which provides the opportunity to observe and evaluate an employee's competence and ability to perform assigned duties. New and returning employees shall be regarded as an introductory employee for the first 9 months of employment and that this introductory period may be extended an additional 3 months at the discretion of the General Manager. Introductory employees serve entirely at the will and pleasure of the General Manager and may be terminated by the General Manager without cause and without right of appeal or hearing at any time during the introductory period.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations, and policies of the LOCSD.
- Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by LOCSD personnel, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: _____ Date: _____

**LOS OSOS COMMUNITY SERVICES DISTRICT
INQUIRY AUTHORIZATION AND WAIVER AND RELEASE**

To Whom It May Concern:

Having made application for employment with the Los Osos Community Services District ("District") which desires to be informed as to my previous record, character and fitness for the position sought, I hereby authorize any authorized representative of the District bearing this release, or a copy of it, within one year from its date, to obtain any information in your files pertaining to my employment, including, but not limited to, academic achievement, attendance, personal history, performance reports, background investigations, attorney and all internal affairs investigations and disciplinary records and credit records.

I hereby direct you to release this information upon request of the bearer. The information may be provided either verbally and/or in writing at the request of the District's representative. This release is executed with full knowledge and understanding that the information is for the official use of the District.

I explicitly state that this authorization supersedes any previous oral or written agreements limiting access to or the release of the information described above, inclusive of any internal investigation and/or disciplinary process which has been sealed pursuant to any prior agreement or court proceeding. I hereby request full and complete disclosure.

RELEASE AND HOLD HARMLESS

I hereby release and hold harmless you, as the custodian of such records, any college, university, or other educational institution, hospital or other repository of medical records, governmental entity, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization, or any attempt to comply with it.

I, further, hereby release and hold harmless the District, its officers, employees, and agents, from all liability for damages of whatever kind, which may result to me, my heirs, family or associates arising from and/or related to the District's inquiries, investigations, or evaluations of information and documents pursuant to this Authorization.

These releases shall be binding on my legal representatives, heirs and assigns.

Additionally, all parties may rely on a facsimile copy of this release as though it were an original.

I acknowledge that I have read this Inquiry Waiver and Release, fully understand it, and voluntarily agree to its provisions.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Applicant name: _____ Date of Birth _____

Applicant Phone No: (_____) _____ CA Driver's License #: _____

Current Address: _____

Applicant Signature: _____ Date: _____