



Humboldt Community Services District
5055 Walnut Drive, Eureka, CA 95503
Tel (707) 443-4550 / Fax (707) 443-1490

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, 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"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address: <i>Number & Street</i>	City	State
Telephone Number(s)	Day	Evening
		Messages

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed with us before? If yes, specify date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, specify date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary Desired:	\$ _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	_____
Are you currently available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

School Name, Location and Phone Number	High School				Undergraduate College/University*				Graduate/ Professional*			
	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extracurricular 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.

List other relevant courses and training – *include name, location, length of course, date completed:*

List professional licenses and/or certificates, 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, gender, national origin, mental or physical disability or other protected status.

1	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor			
	Reason for Leaving:				
2	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor			
	Reason for Leaving:				
3	Employer			Work Performed	
	Address		To		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving:				
4	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor			
	Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

References

Give name, address and telephone number of three (3) business references who are not related to you:

	Name	Address	Telephone Number(s)
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:*

Applicant's Statement – please read carefully:

I, the undersigned applicant, certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the Humboldt CSD is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical 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 understand 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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 any employment relationship with Humboldt CSD is of an "at will" nature, which means that the employee may resign at any time and the Humboldt CSD may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by the Board of Directors, acting as a body of the Humboldt CSD.

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 and regulations of the Humboldt CSD.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Humboldt CSD, 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: _____