

# PLUMAS EUREKA COMMUNITY SERVICES DISTRICT



## Application for Employment

**Instructions:** All applications for PECSD positions must be submitted on this standard application form. A separate application must be submitted for each position. The application must be completed in sufficient detail to allow a comprehensive review and evaluation. Failure to complete the application in sufficient detail will disqualify the applicant from further review. Additional supporting information or resumes may be attached. It is the applicant's responsibility to notify PECSD of any change of address, name or other pertinent information. If you have any disabilities, which may require special testing arrangements please contact PECSD. Faxed applications may be submitted, however, a signed original application form is required before an interview will be scheduled.

**Title of the position you are applying for:**

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

**Name:** \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **CA Drivers License No.:** \_\_\_\_\_

Are you related to any PECSD Employee? Yes No (circle one)

If yes, name and relationship of Employee: \_\_\_\_\_  
Name Relationship

**Certifications or Licenses applicable to this position (include copies):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education:** List all of your education that pertains to the requirements of the position you are applying for (include copies).

Name of School	Location	Dates Attended	Graduation/Certificate Date

**Experience:** List below all present and past employment FOR THE LAST 10 YEARS beginning with your most recent employment. Explain gaps between employment periods. List all jobs separately. Be sure to list duties of each position. Use separate sheets if necessary. DO NOT SUBSTITUTE A RESUME FOR THE REQUESTED INFORMATION.

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____ Address: _____ Phone No.: _____	Reason for leaving (be specific): _____
	May we contact this employer?    Yes    No Supervisor's Name: _____ Phone Number: _____

Title and Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____ Address: _____ Phone No.: _____	Reason for leaving (be specific): _____
	May we contact this employer?    Yes    No Supervisor's Name: _____ Phone Number: _____

Title and Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					
Employer: _____				Reason for leaving (be specific):	
Address: _____					
Phone No.: _____				<u>May we contact this employer?</u> Yes    No Supervisor's Name: _____ Phone Number: _____	
<u>Title and Duties:</u>					

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					
Employer: _____				Reason for leaving (be specific):	
Address: _____					
Phone No.: _____				<u>May we contact this employer?</u> Yes    No Supervisor's Name: _____ Phone Number: _____	
<u>Title and Duties:</u>					

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					
Employer: _____				Reason for leaving (be specific):	
Address: _____					
Phone No.: _____				May we contact this employer? Yes No	
				Supervisor's Name: _____	
				Phone Number: _____	
<u>Title and Duties:</u>					

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					
Employer: _____				Reason for leaving (be specific):	
Address: _____					
Phone No.: _____				May we contact this employer? Yes No	
				Supervisor's Name: _____	
				Phone Number: _____	
<u>Title and Duties:</u>					

I HEREBY CERTIFY that all statements made in connection with this application are complete and true to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment, or termination of employment if discovered at a later date. I authorize investigation of all statements contained herein. I further authorize the employers listed above, or on any of the attached documents, to give PECSD any and all pertinent information concerning my previous employment, personal or otherwise. I release all parties from liability for any damage that may result from furnishing this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The following information is requested by the Federal Government in order to monitor complete compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in our application process. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.*

Ethnicity:

Hispanic or Latino                       Not Hispanic or Latino

Race/National Origin of Applicant (check one):

American Indian/Alaskan Native                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       White                       Asian  
 Other

Gender:                       Male                       Female