

RUBIDOUX COMMUNITY SERVICES DISTRICT

3590 Rubidoux Boulevard, Rubidoux, California 92509

Phone: (909) 684-7580

APPLICATION FOR EMPLOYMENT

Instructions: Please print in ink or use typewriter. Any false, erroneous, or misleading statements will cause rejection of this application or discharge from the District. Answer all questions. When application is complete, return to:
Rubidoux Community Services District, 3590 Rubidoux Boulevard, Rubidoux, California 92509

For office use only

| | | | | |
|---|------------------|--|------------|----------------------|
| POSITION FOR WHICH YOU ARE APPLYING: | | | | |
| 1. Name (Last, First, M.I.) | | 2. Social Security Number (Voluntary): | | |
| 3. Mailing Address (Street, Apt., City, State, Zip) | | | | |
| 4. Physical Address (Street, Apt., City, State, Zip) | | | | |
| 5. Home Phone Number: | | 6. Work Phone Number: | | |
| 7. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | 7a. License No.: | 7b. State: | 7c. Class: | 7d. Expiration Date: |
| If you become an employee of the District, you may be required to use your own vehicle in the course of District business and provide a certificate of insurance. A current DMV report showing an acceptable driving record will be required prior to employment. | | | | |
| 8. Can you perform the essential duties of the job as described on the job announcement? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If no, give details: _____ _____ | | | | |
| (Attach additional sheets if necessary.) | | | | |
| 9. Do you object to the District making an inquiry of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, be advised that if you become a finalist for a position, we must contact your present and previous employers so that the selection process can be completed. | | | | |
| 10. Are you available to work: <input type="checkbox"/> full time <input type="checkbox"/> shift work <input type="checkbox"/> temporary <input type="checkbox"/> part time | | | | |
| 11. On what day will you be available to work? | | 12. Are you on layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13. Are any of your relatives employed by the District? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, give name(s): _____ | | | | |
| For purposes of District policy, the definition of relative includes your spouse, child, brother, sister, parent, aunt, uncle, niece, nephew, grandchild, or grandparent either by blood or present marriage. | | | | |
| 14. In the last ten (10) years, have you been discharged for misconduct or cause from employment, either permanent or probationary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, give name and address of employer, date of discharge or forced resignation, and reason for termination. Cite all such cases. _____ _____ | | | | |
| (Attach additional sheets if necessary.) | | | | |
| (Attach additional sheets if necessary.) | | | | |

16. If you have worked for the District or other employer under a different name, what was your former name and with what employer(s):

17. EDUCATION - Give a complete outline of your education and training below:

Circle the highest grade completed: 7 8 9 10 11 12

| NAME | ADDRESS | DESCRIPTION OF COURSES or MAJOR SUBJECTS | DID YOU GRADUATE? |
|---------------------|---------|--|-------------------|
| High School: _____ | _____ | _____ | [] YES [] NO |
| College: _____ | _____ | _____ | [] YES [] NO |
| Graduate: _____ | _____ | _____ | [] YES [] NO |
| Trade School: _____ | _____ | _____ | [] YES [] NO |
| Other: _____ | _____ | _____ | [] YES [] NO |

17a. Give full title of degrees or diplomas earned: _____

17b. Describe fully any job-related skills, knowledge, or special training you may possess:

(Attach additional sheets if necessary.)

18. EXPERIENCE - List all jobs exceeding 90 days you have held in the last ten (10) years. List you present or more recent job first. List separately each position held even if with the same employer. Include any additional experience such as military services, manpower training, or volunteer work which would apply to this position or meet the minimum desirable qualifications. Additional sheets are available from the District office. Please be complete in describing your duties with previous employers. Indicate part-time employment by stating number of hours worked per week. RESUMES WILL NOT SUBSTITUTE FOR A COMPLETED APPLICATION FORM.

A. Employer: _____ Employed From: _____ To: _____
Address: _____
Type of Business: _____ Employer's Phone: () _____
Your Title: _____ Your Immediate Supervisor: _____
Your duties included: _____
Employment Status: [] Full-time [] Part-time Number of persons supervised: _____
Reason for leaving (be specific): _____

B. Employer: _____ Employed From: _____ To: _____
Address: _____
Type of Business: _____ Employer's Phone: () _____
Your Title: _____ Your Immediate Supervisor: _____
Your duties included: _____
Employment Status: [] Full-time [] Part-time Number of persons supervised: _____
Reason for leaving (be specific): _____

C. Employer: _____ Employed From: _____ To: _____
Address: _____
Type of Business: _____ Employer's Phone: () _____
Your Title: _____ Your Immediate Supervisor: _____
Your duties included: _____
Employment Status: [] Full-time [] Part-time Number of persons supervised: _____
Reason for leaving (be specific): _____

D. Employer: _____ Employed From: _____ To: _____
 Address: _____
 Type of Business: _____ Employer's Phone: () _____
 Your Title: _____ Your Immediate Supervisor: _____
 Your duties included: _____
 Employment Status: [] Full-time [] Part-time Number of persons supervised: _____
 Reason for leaving (be specific): _____
 (Attach additional sheets if necessary.)

19. PERSONAL REFERENCES - List names and addresses of three (3) persons (not relatives) who have knowledge of your character, experience, and ability:

| Full Name | Business/Occupation | Address | Daytime Phone |
|-----------|---------------------|---------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

20. LEGAL REQUIREMENTS - The Immigration Reform and Control Act of 1986 requires that, if hired, before you start to work you will present to the selecting manager documents which establish your identity and eligibility to work in the United States. Some of the more common documents are:

Any one of: _____ Current U.S. Passport OR One of: _____ Social Security Card (no photo)
 _____ Certificate of Citizenship _____ U.S. Birth Certificate (no photo)
 _____ Certificate of Naturalization
 _____ Current Foreign Passport with Valid Work Visa
 _____ "Green Card" with Photo

AND One of: _____ Valid Driver's License (with photo)
 _____ State Identification Card (with photo)

20a. If I am employed, I understand I will be required to provide additional information for the Rubidoux Community Services District's record.
 Initial here: _____

CERTIFICATE OF APPLICANT - Recheck application, including supplementary material, to be sure it is complete. Please note, all pages of this application must be completed to be given consideration for employment. Read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part to any employment or payment as an employee in the service of the Rubidoux Community Services District. I further agree, upon an offer of employment, to submit to a complete medical examination, and upon employment, to furnish such proof of age and other documentation as may be required.

Signature: _____ Date: _____

NOTE: The Rubidoux Community Services District's policy is to make reasonable accommodations to the needs of job applicants and employees who are disabled individuals. Please notify the District office if special testing arrangements are required to accommodate your disabilities.

Employment with the Rubidoux C.S.D. is contingent upon the results of a job-related medical evaluation at District expense. This does not occur until the appointing authority offers a position to an applicant following successful completion of all employment procedures. Until formal appointment is made following the medical evaluations, any offers or employment are conditional and preliminary and may be withdrawn by the District.

Rubidoux Community Services District is an Equal Opportunity Employer