



# RUBIDOUX COMMUNITY SERVICES DISTRICT APPLICATION FOR EMPLOYMENT

3590 Rubidoux Blvd., Jurupa Valley, CA 92509

P. (951) 684-7580 F. (951) 369-4061 E. admin@rcsd.org W. www.rcsd.org

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"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	Social Security Number (Voluntary):		
Address	Number	Street	City	State	Zip
Mailing Address (if different)					
Telephone Number(s)		Day	Evening	Messages	
Email Address					
Do you have a valid driver's license?		License No.	State	Class	Expiration Date
[ ] Yes [ ] No					
<b><i>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 certification of insurance. A current DMV report showing acceptable driving record will be required prior to employment.</i></b>					
Can you perform the essential duties of the job as described on the job description? [ ] Yes [ ] No					
If no, give details (attach additional sheets if necessary):					
Do you object to the District making an inquiry of your present employer? [ ] Yes [ ] No					
<b><i>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.</i></b>					
Are you available to work: [ ] Full-Time [ ] Shift-Work [ ] Temporary [ ] Part-Time					
On what day will you be available to work?			Are you on layoff or subject to recall? [ ] Yes [ ] No		
Are any of your relatives employed by the District? [ ] Yes [ ] No					
If yes, give name(s):					
<b><i>For purposes of District policy, the definition of relative includes your spouse, registered domestic partner, child, brother, sister, parent, sister-in-law, brother-in-law, aunt, uncle, niece, nephew, grandchild, or granddaughter either by blood or present marriage.</i></b>					

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

In the last ten (10) years, have you been discharged for misconduct of cause from employment, either permanent or probationary?  
 Yes  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)**

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

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

# Education

School Name, Location and Phone Number	High School				Undergraduate College/University*				Graduate/Professional*				Trade School/Other			
	9	10	11	12	1	2	3	4	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																
Did you graduate?																

Give full title of degrees or diplomas earned:

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Describe full any job-related skills, knowledge, or special training you may possess (attach additional sheets if necessary):

\*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.			
	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

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:*

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## Employment Experience

List all jobs exceeding 90 days you have held in the last ten (10) years. Start with your present or last job. List separately each position held even if with the same employer. Include any additional experience such as military services, 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.

<b>1.</b>	Employer	Dates Employed		<b>Work Performed/Duties</b>
		From	To	
Address				
Telephone Numbers(s)				
Address				
Job Title	Supervisor			
Employment Status: [ ] Full-Time [ ] Part-Time				
Number of persons supervised:				
Reason for Leaving				

**2.**

Employer	Dates Employed		Work Performed/Duties
	From	To	
Address			
Telephone Numbers(s)			
Address			
Job Title	Supervisor		
Employment Status: [ ] Full-Time [ ] Part-Time			
Number of persons supervised:			
Reason for Leaving			

**3.**

Employer	Dates Employed		Work Performed/Duties
	From	To	
Address			
Telephone Numbers(s)			
Address			
Job Title	Supervisor		
Employment Status: [ ] Full-Time [ ] Part-Time			
Number of persons supervised:			
Reason for Leaving			

**4.**

Employer	Dates Employed		Work Performed/Duties
	From	To	
Address			
Telephone Numbers(s)			
Address			
Job Title	Supervisor		
Employment Status: [ ] Full-Time [ ] Part-Time			
Number of persons supervised:			
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 business references who are not related to you.

	Full Name	Business/Occupation	Address	Telephone Number
1.				
2.				
3.				

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

AND

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

If I am employed, I understand I will be required to provide additional information for the Rubidoux Community Services District's record.

Initial hear: \_\_\_\_\_

# Applicant's Statement

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- I 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 District 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, 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 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 90 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 the District is of an "at will" nature, which means that the employee may resign at any time and the District 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 an authorized executive of the District.
- 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 District.
- 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 District, 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: \_\_\_\_\_

Note: The 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.