

# APPLICATION FOR EMPLOYMENT

ESPARTO COMMUNITY SERVICES DISTRICT

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)

HOME ADDRESS

CITY

STATE

ZIP

PHONE NO.

H(    ) - C(    ) -                      REFERRED BY

## EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

ARE YOU  
EMPLOYED

YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER

YES \_\_\_\_\_ NO \_\_\_\_\_

SALARY DESIRED

EVER APPLIED TO THIS COMPANY BEFORE

YES \_\_\_\_\_ NO \_\_\_\_\_

WHEN?

## EDUCATION

HIGH SCHOOL GRADUATE? \_\_\_ YES \_\_\_ NO If "NO", years completed in High School \_\_\_ GED? \_\_\_ YES \_\_\_ NO

COLLEGES OR TRADE SCHOOLS ATTENDED

CITY AND STATE

MAJOR/AREA OF STUDY

YEARS ATTENDED

FROM:            TO:

FROM:            TO:

FROM:            TO:

FROM:            TO:

## GENERAL

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS

## EMPLOYMENT HISTORY

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH CURRENT/LAST ONE FIRST)

DATE	NAME AND ADDRESS	POSITION	REASON FOR LEAVING
MTH/YR	OF EMPLOYER		
FROM			
TO			
FROM			
TO			
FROM			
TO			

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## REFERENCES

NAME	ADDRESS	PHONE	YEARS KNOWN

## REMARKS

LIST ANY OTHER INFORMATION, TRAINING OR CERTIFICATIONS WHICH WOULD QUALIFY YOU FOR THIS POSTION


## AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, INLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_