



### APPLICATION FOR EMPLOYMENT

**PLEASE PRINT CLEARLY, FILL OUT FORMS COMPLETELY, SIGN AND DATE**

*It is our policy to provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*

POSITION/S APPLIED FOR: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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

Address: \_\_\_\_\_  
  street  city  state  zip

Daytime phone number: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

*\*Required in order to receive recruitment status notifications.*

Do you have a valid California Driver’s license?  Yes  No

Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

What type of employment will you accept? (circle one) Full Time Part-time Temporary

When will you be available for work? \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

Are there any restrictions that would affect your employment with the District?  Yes  No

Do you need reasonable accommodations to participate in an interview? \_\_\_\_\_

If yes, briefly describe or contact our office: \_\_\_\_\_

**DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU ARE APPLYING FOR A SPECIFIC JOB AND HAVE THOROUGHLY READ THE JOB DESCRIPTION FOR THE POSITION**

Are you able to perform the essential functions of the job which you are seeking? \_\_\_\_\_

If not, list the functions that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION HISTORY**

LEVEL	NAME & LOCATION OF SCHOOL	DIPLOMA/DEGREE
High School		
College/University		
College/Univ.		
Other Training/Education		

**EMPLOYMENT HISTORY**

May we contact your present employer?  Yes  No

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
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Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

In addition to your work history what other experiences, skills or qualifications would especially fit you for work with our company?

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**REFERENCES:** Name persons, not related to you, which you have known for at least one year

NAME	ADDRESS	PHONE #	YRS KNOWN

Each applicant may be asked to provide additional information beyond that requested on this form in the event of future consideration for employment.

**CERTIFICATION:** I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed; false statements will be grounds for dismissal. I authorize investigation of all statements and the references listed to give any and all information concerning my suitability for employment, and release all parties from liability for any damage that may result from furnishing the same. I understand that my employment is for no definite period, and may be terminated at any time.

**How did you hear about the position/District? Please mark all that apply.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> District Website | <input type="checkbox"/> College/University Website | <input type="checkbox"/> Word of Mouth/In-person |
| <input type="checkbox"/> MVCAC Website    | <input type="checkbox"/> Craigslist Ad              | <input type="checkbox"/> Newspaper/Online Ad     |
| <input type="checkbox"/> AMCA Website     | <input type="checkbox"/> Indeed Ad                  | <input type="checkbox"/> Other:                  |

Applicant's Signature: \_\_\_\_\_

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