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APPLICATION FOR EMPLOYMENT

POSITION: _____

DATE OF APPLICATION _____

I. PERSONAL

Name _____

Address _____

City _____

State _____

Home Telephone _____

Listed _____ Unlisted _____

Social Security Number _____

Drivers License No. _____

Employee must have legal right to work in the United States. If hired, can you show proof?

Yes _____ No _____

Name, address, and telephone number of person to be notified in case of accident:

II. AREAS OF SPECIAL SKILLS OR EXPERIENCE (Applicable to this application).

_____ Accounting

_____ Payroll

_____ Carpentry

_____ Bookkeeping

_____ Personnel

_____ Electrical

_____ Computer

_____ Purchasing

_____ Maintenance

_____ Excel

_____ Secretarial

_____ Painter

_____ Word

_____ Shorthand wpm _____

_____ Plumber

_____ Calculator

_____ Typing wpm _____

_____ Machinist

_____ Other

_____ Other

_____ Other

List machinery, tools, and equipment, including heavy equipment such as tractors, backhoes, etc., you can operate proficiently:

Physical: 22086 Avenue 160, Porterville CA 93257-9261

Alternate: PO Box 1248, Porterville CA 93258-1248

Phone: 559-784-0716 Fax: 559-784-6733 Email: portervilleid@ocsnet.net

III EDUCATION

	<u>Graduated</u>	
Elementary_____	Yes___	No___
High_____	Yes___	No___
College or University_____		
_____	Yes___	No___
Business or Trade School_____	Yes___	No___
List any degrees and/or certifications received _____		

EXPERIENCE RECORD

IV. FORMER EMPLOYERS (Account for employment over the last 6 years.
Attach a separate sheet if needed.)

1. Employer:_____ Address_____
- Dates Employed: From__ to _____ Position Held_____
- Immediate Supervisor_____ Monthly Salary_____
- Duties:_____
- Reason for Leaving:_____

2. Employer:_____ Address_____
- Dates Employed: From__ to _____ Position Held_____
- Immediate Supervisor_____ Monthly Salary_____
- Duties:_____
- Reason for Leaving:_____

3. Employer:_____ Address_____
- Dates Employed: From__ to _____ Position Held_____
- Immediate Supervisor_____ Monthly Salary_____
- Duties:_____
- Reason for Leaving:_____

4. Other experience applicable to position applied for: _____

(a) May we contact your present employer in regard to your work?

Yes _____ No _____

(b) Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?

Yes _____ No _____ (If so, explain below.)

(c) _____

V. **PERSONAL REFERENCES:** (List three persons NOT related to you who are willing to provide professional and/or character references for you. DO NOT repeat names of supervisors listed under FORMER EMPLOYERS.)

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone Number</u>
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1. _____

2. _____

3. _____

VI.

1. Have you any relatives in our employ? Yes _____ No _____

Name _____ Position Held _____

2. A general physical examination to confirm your physical qualification to work will be required. Included in that exam will be a drug screening. The results of both exam and screening will be kept confidential by the District. Do we have your authorization to review the results of said exam and drug screening?

Yes _____ No _____

I certify that the statements made by me in this application are true and complete to the best of my knowledge.

I further authorize the physician and/or lab performing the physical exam and drug screening to release the results to the District.

Initial

Signature

Date available for work

NOTE: Attach additional information if you so desire.

NOTICE: Successful applicants will be required to establish and maintain throughout their employment proof of their insurability to the satisfaction of the District's insurance carrier. Be advised that employees' driving records will be submitted to the District's insurance carrier periodically for proof of insurability.

We wish to thank you for submitting your application; however, please be advised that only the successful candidates will receive any notification.