



APPLICATION FOR EMPLOYMENT

McCloud Community Services District

Equal Opportunity Employer

PO Box 640, 220 W Minnesota Ave. McCloud, CA 96057

(530) 964-2017 Fax: (530) 964-3175

www.ci.mccloudcsd.ca.us

1. This application is part of the selection process. Failure to meet all the requirements listed in the job announcement is cause for rejection. It is the applicant's responsibility to ensure that the application is complete and on file at the District. Late and/or incomplete applications will be rejected. Fill in all of the required information. The information is requested to help measure the interests and qualifications of the applicant. No other use will be made of the information without permission of the applicant.
2. Resumes may be added, but may not be substituted for this application. Supplemental statements identifying the candidate's strengths and skills are beneficial.
3. Please print legibly in ink or type the information requested.

Name: _____
(Last) (First) (Middle)

Position applied for: _____

Address: _____
(City) (State) (Zip)

Home phone: _____

P.O. Box Number: _____
(City) (State) (Zip)

Office Phone: _____

Message Phone: _____

EDUCATION

(Please include vocational, business, trade or correspondence schools under other.)

| | High School | | | | Undergraduate College/University | | | | Graduate/ Professional | | | | Other |
|------------------------------|-------------|----|----|----|-------------------------------------|---|---------|---|---------------------------|---|---|---|-------|
| School Name, and Location | | | | | | | | | | | | | |
| Years Completed | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | |
| Major/Minor | | | | | | | | | | | | | |
| Degree/Certificates | | | | | | | | | | | | | |
| | | | | | Credits Completed | | | | | | | | |
| | | | | | Semester | | Quarter | | | | | | |

Yes No

If you are under the age of 18 years of age, can you provide required proof of your eligibility to work:

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|--|--|

Have you ever filed an application with us before?

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Have you been employed with us before?

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If you are offered employment, can you submit proof of your legal right to work in the U.S.?

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Proof of employment eligibility will be required upon employment.

Do you have any relatives who are currently employed with the McCloud Community Services District; if yes who?

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LICENSES AND CERTIFICATES

List any licenses, certificates, or professional or vocational competence you possess to practice a trade or profession if it is a requirement of the position you are applying for:

| Description | Certificate/License Number | Expiration |
|-------------|----------------------------|------------|
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If the position for which you are applying requires a driver's license, please complete the following: *(Complete only if job related.)*

Driver's License No.: _____ Class: _____ Expiration Date: _____ State: _____

SKILLS AND QUALIFICATIONS

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| List any memberships in professional or civic organizations. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status). |
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| List any other special skills or abilities, including fluency in a foreign language. |
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EMPLOYMENT HISTORY

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| <p>Beginning with your most recent employment first, list all other jobs in order. Please include information pertaining to unpaid or volunteer experience. Use a separate block for each job even though with the same organization. Use additional sheets if necessary. If hours varied, give average. Include all information requested. Resumes may be attached for additional information, but will not be accepted in lieu of a completed District Application.</p> | |
| From: To: | Name of Employer: |
| Position: | Address: |
| Immediate Supervisor & Title: | Telephone No.: () May we contact? Yes No |
| Description of Duties: | |

| | |
|-------------------------------|--|
| From: To: | Name of Employer: |
| Position: | Address: |
| Immediate Supervisor & Title: | Telephone No.: () May we contact? Yes No |
| Description of Duties: | |
| | |
| From: To: | Name of Employer: |
| Position: | Address: |
| Immediate Supervisor & Title: | Telephone No.: () May we contact? Yes No |
| Description of Duties: | |
| | |
| From: To: | Name of Employer: |
| Position: | Address: |
| Immediate Supervisor & Title: | Telephone No.: () May we contact? Yes No |
| Description of Duties: | |
| | |
| From: To: | Name of Employer: |
| Position: | Address: |
| Immediate Supervisor & Title: | Telephone No.: () May we contact? Yes No |
| Description of Duties: | |
| | |

APPLICANT'S STATEMENT

I certify that the statements given by me in this application are true, complete, and correct 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 McCloud Community Services 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 drug screen and a pre-employment physical and I 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.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or false or misleading information on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that I am required to abide by all Personnel Policies and Procedures of the McCloud Community Services District.

I hereby authorize McCloud Community Services District to thoroughly investigate my employment history, education, and other matters related to my suitability for employment, without giving me prior notice of such disclosure. In addition, I hereby release McCloud Community Services District from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview that may be granted, is intended to create an employment contract between McCloud Community Services District and me.

Signature of Applicant: _____ Date: _____

VOLUNTARY SELF-IDENTIFICATION FORM

The Equal Employment Opportunity Commission and California Fair Employment and Housing Council require employers to obtain certain information from each job applicant in order to comply with equal employment opportunity recordkeeping and reporting requirements. This form is used to invite applicants to self-identify gender and race for those purposes. This form will be detached and kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential and will be used only for the necessary information to include in our reporting requirements to the government. When reported, data will not identify any specific individuals.

Position Applying For: _____

Date of Application: _____

Gender (please check one): ☐ **Male** ☐ **Female**

Race / Ethnic Origin – Please check the appropriate ethnicity that you feel best identifies your race / ethnic origin:

_____ **White (not Hispanic or Latino)**
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Black or African American**
A person having origins in any of the black racial groups of Africa.

_____ **Hispanic or Latino**
A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaskan Native**
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Two or More Races**
A person who primarily identifies with two or more of the above race/ethnicity categories.