

# Lake Shastina Community Services District



16320 Everhart Drive • Weed, California 96094 • (530) 938-3281 • Fax (530) 938-4739 • www.lakeshastina.com

INSTRUCTIONS FOR APPLICATION	Official Use Only
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If applicable, read the examination announcement thoroughly before filling out application. Answer all questions in **ink or in a typed format**. Answer questions as completely as space will permit, attaching additional sheets as needed. Avoid any reference to religion, politics or membership in fraternal orders. When completing this application, show as clearly as possible that you meet each of the preliminary requirements listed in the job announcements. If job requirements are not available, fill out the application as completely as possible. All statements in this application are made under oath. False statements or failure to provide complete information is cause for rejection of application, reduced rating, removal of name from eligibility list and/or dismissal from position.

Print exact title of position you are applying for: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print Last Name) (First Name) (MI)

Address: \_\_\_\_\_  
(Street Number) (Street Name) (City) (State) (Zip Code) (+4)

Contact Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_  
Information: (Area Code) (Phone Number) (Area Code) (Phone Number)

Upon hiring, can you submit verification of your right to work in the United States? Yes  No

Are you over the age of 18? Yes  No

Have you ever worked for the District? Yes  No  If so, the dates of employment: \_\_\_\_\_

If hired, what date will you be available to begin employment? \_\_\_\_\_

**EDUCATION:**

Name & Location of High School:	Name: _____	Did you graduate from High School?	Do you have a GED Certificate?
	Location: _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	_____	No <input type="checkbox"/>	No <input type="checkbox"/>

COLLEGE OR UNIVERSITY	MAJOR	UNITS/TYPE COMPLETED	DEGREE

Comments/Explanations/Additional Information: \_\_\_\_\_

### EMPLOYMENT HISTORY

In the space provided, give your complete record of employment during the last ten years. Explain any gaps between periods of employment. List your positions in the order you held them, starting with your present position and working back. If you wish, you may include experience more than 5 years ago. If more space is needed, use a separate sheet providing the required information and attach it to this application. DO NOT indicate "Refer to Resume;" **this will disqualify your application.**

From: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) To: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (Street Number) \_\_\_\_\_ (Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Supervisor's Name: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) Phone: \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone Number)  
List Duties: \_\_\_\_\_  
Supervisory Duties: Yes  No  If yes, number of employees supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? Yes  No  If no, explain: \_\_\_\_\_

From: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) To: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (Street Number) \_\_\_\_\_ (Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Supervisor's Name: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) Phone: \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone Number)  
List Duties: \_\_\_\_\_  
Supervisory Duties: Yes  No  If yes, number of employees supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? Yes  No  If no explain: \_\_\_\_\_

From: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) To: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (Street Number) \_\_\_\_\_ (Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Supervisor's Name: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) Phone: \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone Number)  
List Duties: \_\_\_\_\_  
Supervisory Duties: Yes  No  If yes, number of employees supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? Yes  No  If no, explain: \_\_\_\_\_

From: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) To: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ (Street Number) \_\_\_\_\_ (Street Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
Supervisor's Name: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) Phone: \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone Number)  
List Duties: \_\_\_\_\_  
Supervisory Duties: Yes  No  If yes, number of employees supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? Yes  No  If no, explain: \_\_\_\_\_

Were you ever discharged or forced to resign from any position? Yes  No

If "YES", please explain: \_\_\_\_\_

Are you able to perform the essential and marginal functions of the position you are applying for with reasonable accommodation? Yes  No

**REFERENCES**

List names of three (3) persons, preferably not employers, who have knowledge of your character, experience and abilities. Do not include relatives.

Name	Relationship	Address	Contacts
1			Phone: _____ Cell: _____ Email: _____
2			Phone: _____ Cell: _____ Email: _____
3			Phone: _____ Cell: _____ Email: _____

**PROFESSIONAL OR VOCATION CERTIFICATES OR LICENSES**

Type	Date Issued	Date Expires	License/Certificate No.

**Applicant's Certification, Authorization and Release of Liabilities**

**(READ CAREFULLY BEFORE SIGNING)**

- As an applicant for employment with LAKE SHASTINA COMMUNITY SERVICES DISTRICT, I hereby authorize LAKE SHASTINA COMMUNITY SERVICES DISTRICT to make any background investigation of my personal history any number of times, as LAKE SHASTINA COMMUNITY SERVICES DISTRICT may in its sole discretion determine is necessary before, during, or after my employment.
- Prior to an investigative report by a third party, *if applicable*, I understand I will receive a Fair Credit Reporting Act/Investigative Consumer Reporting Agencies Act disclosure statement(s). I understand that I can receive a free copy of any third party investigative report about me; and that if I am denied employment, either wholly or partly because of information contained in the third party investigative report, LAKE SHASTINA COMMUNITY SERVICES DISTRICT will advise me.
- I understand this background investigation may include, but is not limited to: work history, criminal conviction record, including pending trials, as permitted by law; driving history including traffic violations; and references obtained from professional associates.
- I hereby fully release LAKE SHASTINA COMMUNITY SERVICES DISTRICT, and its employees, directors, agents, successors, and assigns, and all other parties involved in this background investigation, including but not limited to LAKE SHASTINA COMMUNITY SERVICES DISTRICT, and those companies or individuals who provide information to LAKE SHASTINA COMMUNITY SERVICES DISTRICT concerning me, from any claims or actions for any liability whatsoever related to the process or results of a thorough investigation of my background.
- **I acknowledge and agree that this release applies to all claims for injuries, damages or losses, whether known or unknown, foreseen or unforeseen, and I hereby waive application of California Civil Code Section 1542, which provides as follows:**
  - **A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which, if known by him, must have materially affected his settlement with the debtor.**

Applicant's Certification, Authorization and Release of Liabilities, continued.

- **I understand and acknowledge that the significance and consequence of this waiver of California Civil Code Section 1542 is that even if I should eventually suffer damages as a result of the activities described in the Authorization and Release, I will not be able to make any claim for those damages.**
- I further agree to provide records and information that may be requested of me by LAKE SHASTINA COMMUNITY SERVICES DISTRICT in connection with this background investigation, including but not limited to: employment records in my possession to support previous work history; substantiation of prior and current compensation; and such other records as may be necessary.
- I also certify that all representations made by me and all information provided to LAKE SHASTINA COMMUNITY SERVICES DISTRICT are true to the best of my knowledge. I understand that misrepresentation of facts and providing false information will exclude me from further consideration as an applicant and may result in termination of my employment with LAKE SHASTINA COMMUNITY SERVICES DISTRICT if I am hired by LAKE SHASTINA COMMUNITY SERVICES DISTRICT before discovery of the misrepresentation or falsity of the documents or information.
- The information obtained by this background investigation will be to verify data provided me through the application process.
- I understand that this Authorization and Release is not an offer for employment by LAKE SHASTINA COMMUNITY SERVICES DISTRICT or a contract for employment with LAKE SHASTINA COMMUNITY SERVICES DISTRICT. I further understand LAKE SHASTINA COMMUNITY SERVICES DISTRICT operates under an AT-WILL EMPLOYMENT POLICY for probationary employees and this Authorization and Release does not alter or affect that policy in any manner whatsoever.  
I understand and agree to take a pre-employment medical examination through the District's physician, at District expense, if I am considered for employment. Employment in certain job classifications requires conducting a drug screening urine test. Hiring decisions may be based on the results of this medical test. Failure to submit to this drug screening urine test absent prior arrangement with the District and the designated professional performing the drug screening, will result in denial of the application for employment. I further agree to sign a release authorizing the physician/professional performing the drug screening to release the results (positive/negative reading) of said drug screening to the LAKE SHASTINA COMMUNITY SERVICES DISTRICT.
- If accepted for employment, I understand I must submit verification of my legal right to work in the United States.
- The DISTRICT requires safe drivers. The District's insurance company participates in the **DMV's** Driver's Record Information Service, which automatically notifies us of all events connected with an employee's driver's license. If offered conditional employment, I understand I must supply the District with an original, current (no more than two weeks prior to the date of the conditional offer) driving record from the DMV.

Date:

Signature:

**ELECTION TO RECEIVE/NOT RECEIVE PUBLIC RECORDS**  
**[California Civil Code §1786.531]**

- I am aware that the LAKE SHASTINA COMMUNITY SERVICES DISTRICT may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment and/or promotion as well as conducting investigations into possible misconduct.
- I acknowledge that the term "public records" as used herein is limited to records of: arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment.

● **CHECK ONE BOX ONLY:**

- I hereby **elect to receive** any public records which may be obtained by the LAKE SHASTINA COMMUNITY SERVICES DISTRICT for employment purposes under Civil Code §1786.53.
- I hereby **elect not to receive** any public records which may be obtained by the LAKE SHASTINA COMMUNITY SERVICES DISTRICT for employment purposes under Civil Code §1786.53.

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

Signature: \_\_\_\_\_

**LAKE SHASTINA COMMUNITY SERVICES DISTRICT**

Applicants will be considered for employment at Lake Shastina Community Services District without regard to race, color, religious or political affiliation, creed, sex, national origin, ancestry, citizenship, age (over 40), medical condition, physical or mental disability, marital or veteran status, sexual orientation or any other legally protected status.

Official Use – Do Not Write Below This Line

Application Complete:      Accept:       Reject:   
 Interview?      Yes            No            Date: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 General Manager: \_\_\_\_\_ Date: \_\_\_\_\_