

Rosamond Community Services District

Human Resources Department
 3179 35th Street West
 Rosamond, CA 93560
 Phone: 661-256-3411
 Fax: 661-256-1231
 www.rosamondcsd.com

**DO NOT WRITE IN THIS AREA
 FOR HUMAN RESOURCES OFFICE ONLY**
 Received by _____ Date _____
 Accepted: _____ Not Accepted _____
 Reviewed by: _____ Date: _____

INSTRUCTIONS TO APPLICANT

Read the Job Description for the desired position to see if you meet the requirements, then clearly show on this application all previous work experience, education, and training which qualifies you for the position. Answer ALL questions accurately. Incomplete applications will result in disqualification. False statements are cause for rejection of application, removal of name from eligibility list, or dismissal from employment. Applications are incomplete without a dated signature.

APPLICATION FOR

(EXACT JOB TITLE)

1. NAME: _____

2. ADDRESS: _____

3. HOME PHONE: _____ BUS. PHONE: _____ CELL PHONE: _____

4. EDUCATION:

Name of High School	Location (City & State)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Not, Did You Have a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Names and Location of all Colleges and Universities Attended	Full or Part Time	No. of Credits Earned	Sem. or Qtr.	Majors & Minors	Type of Degree Received

Names and Location of Business or Trade Schools Attended (Include any related courses or training received)	Course(s) of Study	Certificate / License

Job related Professional Registration(s), License(s), and/or certificate(s) received:

What mechanical equipment do you operate?

EXPERIENCE: List all jobs you have held in the last ten (10) years, beginning with your present or most recent job. Include extra experience which may qualify you for the position. If you need more space, you may attach additional sheets utilizing the same format. By giving complete information, you may improve your chances of employment (“**SEE ATTACHED RESUME**” will not be acceptable in lieu of filling out this section.) However, one may attach a resume to a completed application.

CURRENT	Total Years	From Month / Year	to Month / Year	Title of Your Position		
	Name and Address of Employer			Duties Performed		
	Name and Telephone of Supervisor					
	Reason for Leaving			No. Supervised (if any)	No. of Hours per Week	
PREVIOUS	Total Years	From Month / Year	to Month / Year	Title of Your Position		
	Name and Address of Employer			Duties Performed		
	Name and Telephone of Supervisor					
	Reason for Leaving			No. Supervised (if any)	No. of Hours per Week	
PREVIOUS	Total Years	From Month / Year	to Month / Year	Title of Your Position		
	Name and Address of Employer			Duties Performed		
	Name and Telephone of Supervisor					
	Reason for Leaving			No. Supervised (if any)	No. of Hours per Week	
PREVIOUS	Total Years	From Month / Year	to Month / Year	Title of Your Position		
	Name and Address of Employer			Duties Performed		
	Name and Telephone of Supervisor					
	Reason for Leaving			No. Supervised (if any)	No. of Hours per Week	

5. Are you 18 years of age or older? _____ Yes No
6. Do you need special accommodation for the testing process? Please specify. _____ Yes No
7. Do you have any relatives working for RCSD? _____ Yes No
 If “yes,” state relationship, name and department employed _____ Yes No
8. Have you ever worked using a name different than that used on this application? Please indicate _____
9. If hired, can you provide proof of your legal right to work in the United States? _____ Yes No
10. RCSD MAY CONTACT MY CURRENT AND FORMER EMPLOYERS FOR REFERENCES CONCERNING MY EMPLOYMENT: _____ Yes No

11. APPLICANT CERTIFICATION: (Read carefully before signing)

I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand that misstatements of material facts herein may disqualify me from employment with RCSD at any time. Furthermore, if hired, I may be required to submit verification of any information provided on this application.

Signature of Applicant _____ Date: _____