



OJAI VALLEY SANITARY DISTRICT

A Public Agency

1072 Tico Road, Ojai, California 93023

(805) 646-5548 • FAX (805) 640-0842

<http://www.ojaisan.org>

APPLICATION FOR EMPLOYMENT

Position Desired: Full Time Part Time Date: _____

PERSONAL DATA

Name: _____
print LAST FIRST MIDDLE

Social Security No.: _____

Current Address: _____
No. Street City State Zip

How long have you lived there? _____
years months

Previous Address: _____
No. Street City State Zip

How long did you live there? _____
years months

Phone Number(s): _____
Home other (specify cell, fax, etc.)

Are you 18 years of age or older?
 Yes No

Have you ever worked for this District before? Yes No If Yes, please give dates worked and positions held: _____

Do you have any friends or relatives working here? Yes No If Yes, please identify: _____
name relationship

Have you ever pled guilty or no contest to, or been convicted of, a misdemeanor or felony? * Yes No If Yes, please give date and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? * Yes No If Yes, please give date and details: _____

*NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age at time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and/or previous employers in chronological order, beginning with your current or most recent employer. Be sure to account for all periods of time, including military service. If self-employed, please give your company name and supply business references. Attach additional pages if necessary.

Present or Last Employer	From (mo/yr)	To (mo/yr)	Job Title or Position
Address	Starting Salary	Final Salary	Name/Title of Supervisor
City, State, Zip	Reason for Leaving		
Phone			

Previous Employer	From (mo/yr)	To (mo/yr)	Job Title or Position
Address	Starting Salary	Final Salary	Name/Title of Supervisor
City, State, Zip	Reason for Leaving		
Phone			
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Phone			
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Address	Starting Salary	Final Salary	Name/Title of Supervisor
City, State, Zip	Reason for Leaving		
Phone			

Have you ever been dismissed or asked to resign from any job? Yes No

If Yes, please explain the circumstances: _____

May we contact you current employer? Yes No

If No, please explain: _____

Have you ever used another name? Yes No

Is there any additional information relative to change of name, use of an assumed name, or nickname that may be necessary to enable a check on your work and educational record? Yes No

If Yes, please explain: _____

Please indicate any actual experience, special training and qualification that you have that you feel are relevant to the position for which you are applying: _____

EDUCATION

Please provide educational information as requested

School Name and Location (city, state)	Years Completed	Diploma/Degree	Course of Study or Major	Specialized Training, Experience, Skills and Extra-Curricular Activities
High School				
College/University				
Graduate/Professional				
Trade School				
Other (please specify nature of school)				

PERSONAL REFERENCES

Please list three persons who know you well – not previous employers or family members

Name	Occupation	Full Address (including zip)	Phone	Relationship/ years known

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT:

In the event of my employment to a position at this District, I will comply with all rules and regulations of this District. I understand that the District reserves the right to require me to submit to a physical examination by a licensed medical doctor to determine physical fitness for duty prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of physical examinations to the District. I understand that should I decline to sign this consent or decline to submit to the above-described physical, my application for employment may be rejected or my employment may be terminated.

I understand that in the event of my employment to a position at this District I will be employed at the pleasure of the District's Board of Directors and therefore an At Will employee.

I understand and agree that, in connection with this application and at any time during my employment, the District may investigate my driving record and my criminal record. I further understand that the District may contact my previous employers and I authorize those employers to disclose to the District all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the District and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as references to provide the District with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on the attached application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect my application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If you have any questions regarding this statement, please ask a District representative before signing.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

I hereby acknowledge that I have read the above statements and understand the same.

Date

Signature of Applicant