

BROOKTRAILS TOWNSHIP

24860 Birch Street, Willits, CA 95490-9475 707-459-2494

APPLICATION FOR EMPLOYMENT

Please type or print in ink. Incomplete or illegible applications will not be accepted. Return completed applications to the above address.

| | | | | | |
|--|--|--|--|----------------------------------|--|
| TITLE OF POSITION/RECRUITMENT NUMBER | | SOCIAL SECURITY NUMBER | | ARE YOU UNDER 18? YES NO | |
| APPLICANT'S NAME (LAST) | | (FIRST) | | (MIDDLE) | |
| ADDRESS (STREET) | | (CITY) | | (STATE) (ZIP) | |
| HOME TELEPHONE | | BUSINESS TELEPHONE | | MESSAGE/CELLULAR TELEPHONE | |
| EMAIL ADDRESS: | | DRIVER'S LICENSE NUMBER # _____ CLASS: _____ EXPIRATION _____ | | | |
| PROVIDE OTHER NAMES UNDER WHICH YOU HAVE WORKED: | | HAVE YOU EVER WORKED FOR BROOKTRAILS TOWNSHIP? YES NO FROM: _____ TO: _____ | | | |
| I AM AVAILABLE FOR EMPLOYMENT ON A TEMPORARY BASIS PART TIME BASIS F/T BASIS | | AVAILABLE FOR SHIFT DAY SWING NIGHT | | | |
| Have you ever been convicted of any crime OTHER THAN: 1) a marijuana-related conviction that occurred more than two (2) years ago; and/or 2) an offense for which you were referred to, and participated in, any pretrial or post trial diversion program? YES NO . If "yes", you must list all convictions on an attached sheet. Include the nature of the offense, date of conviction, the county and state of the conviction. A "yes" answer will not automatically disqualify you from appointment; however, failure to disclose misdemeanor or felony convictions will result in termination or denial of employment. You must disclose felony (but not misdemeanor) convictions that have been judicially dismissed pursuant to Penal Code section 1203.4. All newly hired employees will be fingerprinted, to verify conviction history, prior to start of work. | | | | | |
| THE DISTRICT IS COMMITTED TO EMPLOY ONLY U.S. CITIZENS AND LEGAL ALIENS AUTHORIZED TO WORK IN THE U.S. IF EMPLOYED, YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S. AS REFERENCED BY THE IMMIGRATION REFORM ACT OF 1986. IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO | | | DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY BROOKTRAILS TOWNSHIP? YES NO NAME _____ RELATIONSHIP _____ | | |
| THE BROOKTRAILS TOWNSHIP COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. ARE THERE ANY REASONS YOU MAY HAVE DIFFICULTY PERFORMING ANY OF THE DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO IF SO, PLEASE EXPLAIN | | | | | |
| IF APPLICABLE TO THE POSITION WHICH YOU ARE SEEKING, INDICATE OTHER SKILLS SUCH AS TYPING SPEED, BUSINESS MACHINES, COMPUTER HARDWARE OR SOFTWARE, TRACTORS, LOADERS, OR OTHER EQUIPMENT THAT YOU OPERATE, ETC. | | | | | |
| LIST LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK FLUENTLY: | | | | | |

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

| | | | | | | |
|--|----------|--|--|------------------------------|------------------|-----------------------|
| EDUCATION AND TRAINING | | HIGHEST GRADE COMPLETED: 8 9 10 11 12 (G.E.D.) | | | | |
| | | COLLEGE: 1 2 3 4 | | | | POST-GRADUATE |
| EDUCATIONAL INSTITUTIONS | LOCATION | DATES ATTENDED | | MAJOR SUBJECT | UNITS | DEGREE OR CERTIFICATE |
| HIGH SCHOOL | | FROM TO | | | | |
| COLLEGE/UNIVERSITY | | | | | | |
| | | | | | | |
| | | | | | | |
| LICENSES, CERTIFICATIONS OR PROFESSIONAL REGISTRATIONS | | | | | | |
| (You may omit associations which indicate race, religious creed, color, national origin, ancestry, sex or age) | | | | | | |
| TYPE _____ NO. _____ EXPIRATION DATE _____ | | | | | | |
| TYPE _____ NO. _____ EXPIRATION DATE _____ | | | | | | |
| PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS _____ | | | | | | |
| EXPERIENCE | | | | | | |
| List your work experience for the last 10 years, beginning with your current or most recent experience. Include Military or volunteer services if it is related to this position. List each promotion separately. Experience beyond 10 years ago should be included if it is directly related to the position for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but it is NOT a substitute for completing this section. THIS SECTION MUST BE COMPLETED. Failure to follow these instructions may eliminate you for consideration for the position. | | | | | | |
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | | NO. OF EMPLOYEES | |
| ADDRESS | | NO. OF PERSONS YOU SUPERVISED | | NAME AND TITLE OF SUPERVISOR | | |
| TELEPHONE NUMBER | | MAY WE CONTACT NOW? YES NO | | REASON FOR LEAVING | | |
| DATES EMPLOYED | | BRIEF DESCRIPTION OF DUTIES | | | | |
| JOB TITLE | | | | | | |
| SALARY/HOURS PER WEEK | | | | | | |
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | | NO. OF EMPLOYEES | |
| ADDRESS | | NO. OF PERSONS YOU SUPERVISED | | NAME AND TITLE OF SUPERVISOR | | |
| TELEPHONE NUMBER | | MAY WE CONTACT NOW? YES NO | | REASON FOR LEAVING | | |
| DATES EMPLOYED | | BRIEF DESCRIPTION OF DUTIES | | | | |
| JOB TITLE | | | | | | |
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| TELEPHONE NUMBER | | MAY WE CONTACT NOW? YES NO | | REASON FOR LEAVING | | |
| DATES EMPLOYED | | BRIEF DESCRIPTION OF DUTIES | | | | |
| JOB TITLE | | | | | | |
| SALARY/HOURS PER WEEK | | | | | | |
| 1. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL BE CONSIDERED CAUSE FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT WITH BROOKTRAILS TOWNSHIP, AND/OR AN OFFER OF EMPLOYMENT WILL BE WITHDRAWN. 2. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED PHYSICAL EXAMINATION AND BACKGROUND CHECK. 3. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO VERIFY THE STATEMENTS MADE IN THIS APPLICATION TO BROOKTRAILS TOWNSHIP OR ITS DULY AUTHORIZED AGENTS. 4. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON MY PROVIDING VERIFICATION OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE U.S. | | | | | | |
| DATE _____ | | SIGNATURE OF APPLICANT _____ | | | | |

NAME _____ DATE _____

POSITION FOR WHICH YOU APPLIED _____

In accordance with Section 1233 of the State Government Code (and formerly Section 1420 of the State Labor Code), the information requested below will be used for statistical and reporting purposes only. It will enable the Human Resources Office to more effectively evaluate the recruitment process in compliance with Equal Opportunity Employment laws and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be made a part of the selection process. If you have any questions regarding this request, please contact the Human Resources Office. Thank you for your assistance.

MALE
FEMALE

RACE/ETHNIC CATEGORY:

WHITE (Not of Hispanic Origin)
BLACK (Not of Hispanic Origin)
HISPANIC
FILIPINO
AMERICAN INDIAN OR ALASKAN NATIVE
ASIAN OR PACIFIC ISLANDER
OTHER

ABLE-DISABLED CATEGORY:

If you have a disability that would interfere with you performing the job for which you are applying, please indicate. All information is voluntary, and will be kept confidential.

HEARING IMPAIRMENT
VISUAL IMPAIRMENT
ORTHOPEDIC DISABILITY
MENTAL/EMOTIONAL DISORDER
MEDICAL CONDITION
OTHER

Do you require test accommodation?

Yes
No

JOB SOURCE INFORMATION:

Please indicate where you learned about this job vacancy:

- Interest Card Received
- Newspaper (please specify) _____
- Job Flyer Posted at Another Agency
- State Employment Office
- Professional Journal or Publication (please specify) _____
- College Placement Service (please specify) _____
- Jobs Available
- Friend or Relative
- City Website
- Other (please specify) _____

SIGNATURE/DATE