

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

ESPARTO COMMUNITY SERVICES DISTRICT

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO.			
H() - C() -		REFERRED BY	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	
ARE YOU EMPLOYED	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	SALARY DESIRED	
YES _____ NO _____	YES _____ NO _____		
EVER APPLIED TO THIS COMPANY BEFORE		WHERE?	WHEN?
YES _____ NO _____			

NAME AND LOCATION OF SCHOOL

GRAMMER SCHOOL	YEARS ATTENDED	GRADUATE YES/NO	SUBJECT STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS

US MILITARY OR NAVAL SERVICE	RANK

EVER BEEN CONVICTED OF A FELONY OR ANY OTHER OFFENSE OTHER THAN TRAFFIC VIOLATIONS?		
YES/NO _____ IF YES, WHAT? _____		
DO YOU HAVE A CALIFORNIA DRIVERS LISENCE?	YES _____ NO _____	CLD# _____
DO YOU HAVE RELIABLE TRANSPORTATION?	YES _____ NO _____	

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FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE		NAME AND ADDRESS			
MTH/YR		OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONAL REFERENCES, NOT RELATED TO YOU.

NAME	ADDRESS	PHONE	YEARS KNOWN

GIVE THE NAMES OF THREE PROFESSIONAL REFERENCES

NAME	ADDRESS	PHONE	YEARS KNOWN

REMARKS

LIST ANY OTHER INFORMATION OR TRAINING WHICH WOULD QUALIFY YOU FOR THIS POSITION

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AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____