

Northstar Community Services District

An Equal Opportunity Employer

908 Northstar Drive
Truckee, CA 96161
(530) 562-0747 / FAX 562-1505

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANTS:

1. Please print or type.
2. All applicants must complete all questions in this application.
3. You may attach a resume or any additional information you would like to volunteer regarding certificates, special training, licenses, or any other form of documentation about yourself which would assist your employment possibility.
4. Please return application to the Northstar Community Services District.

Date: _____

Name: _____
Last First Middle

Mailing Address: _____
P.O. Box/ Street City State Zip

Street Address: _____
(If different from above) Street City State Zip

Telephone Numbers: Home: _____ Work: _____

Cell Phone: _____ E-mail Address: _____

Position(s) Applying for: _____

How did you hear about this position? _____

Are you applying for: Regular Full-Time Work? Yes ___ No ___
Regular Part-Time Work? Yes ___ No ___
Temporary Work? Yes ___ No ___

If applying for temporary or extra work, during what period of time will you be available?
From: _____ Till: _____

Are you available to work weekends? Yes ___ No ___

Would you be available to work overtime, if necessary? Yes ___ No ___

If hired, on what date can you start work? _____

If hired, would you have a reliable means of transportation to and from work? Yes ___ No ___

Are you at least 18 years old? Yes ___ No ___
(If under 18, hire is subject to verification that you are of minimum legal age.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ___ No ___

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, including a drug test, and to skill and agility tests.)

BACKGROUND INFORMATION

Can you, after employment, submit verification of your permanent legal right to work in the United States? ___ If no, state your current citizenship status in the space below.

Have you served in the U.S. Military? ___ If yes, state relevant skills acquired during applicant's U.S. Military Service in the space below.

Have you ever applied or worked for the NCSD? ____ If yes, state dates and position held in the space below.

Do you have any relatives or friends working for the District? If yes, state name(s) in the space below.

Are you currently employed ____ If so, may we contact your current employer? ____

List three personal or professional references other than relatives who have first hand knowledge of your work performance within the last three years.

	Name	Address	Phone	Profession
1.				
2.				
3.				

EDUCATION

	# of Years	Name of School	City and State	Date Last Attended	Degree Acquired	Major Course or Subject
High School						
College/ University						
Vocational/ Business						
Other Courses of Study						

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? _____ If so, which language(s)? _____

Do you possess any other experiences, training, qualifications, or skills which you feel make you especially suited for work at NCSD? If so, please explain:

EMPLOYMENT EXPERIENCE/ HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section if attaching a resume.

Employer 1	Type of Business	Dates of Employment:	Name of Supervisor			Reason for Leaving
Name: _____ Address: _____ _____ Phone #: _____		From: / / To: / /				

Title and duties of position: _____

May we contact this employer for a reference? _____

Employer 2	Type of Business	Dates of Employment:	Name of Supervisor			Reason for Leaving
Name: _____ Address: _____ _____ Phone #: _____		From: / / To: / /				

Title and duties of position: _____

May we contact this employer for a reference? _____

Employer 3	Type of Business	Dates of Employment:	Name of Supervisor			Reason for Leaving
Name: _____ Address: _____ _____ _____ Phone #: _____		From: _____ / / To: _____ / /				

Title and duties of position: _____

May we contact this employer for a reference? _____

Employer 4	Type of Business	Dates of Employment:	Name of Supervisor			Reason for Leaving
Name: _____ Address: _____ _____ _____ Phone #: _____		From: _____ / / To: _____ / /				

Title and duties of position: _____

May we contact this employer for a reference? _____

Note: Attach additional page(s) if necessary.

CERTIFICATION

I hereby certify that all statements made in this application are correct to the best of my knowledge and belief, and I hereby authorize the Northstar Community Services District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application or dismissal. I further understand that I may be required to pass a medical examination and be fingerprinted at no cost to me, prior to appointment to a position.

Date: _____ Signature: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Northstar Community Services District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature