



Mission Hills Community Services District Employment Application

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, ancestry, color, creed, national origin, religion, age, sex, sexual orientation, marital status, pregnancy, physical or mental disability, medical condition, status as a Vietnam or special disabled veteran, or other protected characteristics except where a reasonable, bona fide occupational qualification exists. We comply with all laws regarding reasonable accommodation for disabled individuals.

*All questions must be answered carefully and completely. If you have a resume you may attach it, but you **MUST** fill in the required information on the application form.*

PLEASE TYPE OR PRINT.

Today's Date: _____

Name _____ Email Address: _____
Last First Middle

Have you ever worked under another name? Yes No
If yes, give name _____ Date of name change _____

Current Address _____ Phone No. (____) _____
Number and Street

City State Zip Message Phone (____) _____

List all prior addresses for the last 7 years:

Date: From	Date To	Number and Street	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMPLOYMENT DESIRED

Position Desired _____ Salary Desired _____

Check type of employment desired: Full Time Part Time Temporary

If not Full Time, days available: Mon Tue Wed Thur Fri Sat Sun

If not Full Time, hours available _____

On what date would you be available to start work? _____

Are you willing and able to work overtime? Yes No

PERSONAL DATA

Have you ever applied to or been employed with us before? Yes No If yes, give date _____

Do you have any friends or relatives working for our Company? Yes No

If yes, state name(s) and relationship _____

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

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

Driver's License Number: _____ State of Issue: _____

Can you travel if the job requires it? Yes No

Are you able to perform the essential functions of the job for which you are applying either with or without the need for reasonable accomodation? 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.*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?
 Yes No *Proof of citizenship or immigration status will be required upon employment.*

EMPLOYMENT EXPERIENCE

*Start with your most recent job. Feel free to attach additional pages if necessary. You **MUST** complete this section even if attaching a resume. DO NOT simply write "see resume". Dates of employment must be stated in months AND years. Account for all periods of unemployment.*

1) Employer	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
Address			
Phone No.			
Job Title Supervisor			
Reason For Leaving			
2) Employer	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
Address			
Phone No.			
Job Title Supervisor			
Reason For Leaving			

3) Employer	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			
4) Employer	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			
5) Employer	Dates Employed		Work Performed
	From Month/Year	To Month/Year	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			

EDUCATION AND TRAINING

Type of School	Name and Location of School (Provide full names of schools - not initials)	Dates Attended	Name and Date of Degree Earned	Major and Minor Fields of Study
High School or Trade School		<i>Do not supply dates for high school</i>	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tech. School				
College				
College				

SPECIAL SKILLS AND QUALIFICATIONS

Office Equipment: _____

Computer Software: _____

Other Equipment: _____

Other: _____

PROFESSIONAL REFERENCES

List below three people you have worked with for at least one year (do not list supervisors). Do not list relatives or friends unless you have worked with them.

Name _____	Occupation _____
Phone No. _____	Email Address: _____
No. years acquainted _____	Company where you worked together: _____
Name _____	Occupation _____
Phone No. _____	Email Address: _____
No. years acquainted _____	Company where you worked together: _____
Name _____	Occupation _____
Phone No. _____	Email Address: _____
No. years acquainted _____	Company where you worked together: _____

APPLICANT'S CERTIFICATION AND AUTHORIZATION

Please read carefully and sign/date below.

I hereby certify I have not knowingly withheld any information which might adversely affect my chances of employment and the answers given by me are true and correct to the best of my knowledge. I further certify I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or any documents 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.

I hereby authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, court, administrator, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my employment records, credit history, educational records, health, character, criminal history, motor vehicle history, workers' compensation claims, or other information requested to the Company or its representative. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this applicant. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I hereby understand and acknowledge any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company. I further understand that nothing contained in this 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.

I HAVE READ AND UNDERSTOOD THE ABOVE:

Applicant's Signature

Date

Applicant's Name Printed