



# Indian Valley Community Services District

"Providing services for our community health, well-being, and prosperity."

P.O. Box 899, 127 Crescent St. Greenville CA. 95947  
Phone (530) 284-7224, Fax (530) 284-0894  
indianvalleycsd.com Email: ivcsd@frontiernet.net

## Board of Directors

Robert Heard  
Phil Shannon  
Mina Admire  
Lee Anne Schramel  
Wayne Dannemiller

## Application for Employment

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about this position?

- Newspaper     Relative/Friend     \_\_\_\_\_ Website     Walk-in  
 Other \_\_\_\_\_  
 Current Employee (who) \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_

Yes     No

Do you have the legal right to work in the US? \_\_\_\_\_

Yes     No

Have you ever applied for employment with Indian Valley CSD? \_\_\_\_\_

Yes     No

If yes, when and for what position? \_\_\_\_\_

When? \_\_\_\_\_ What Position? \_\_\_\_\_

Have you ever been employed with Indian Valley CSD? \_\_\_\_\_

Yes     No

If yes, state positions and dates of employment: \_\_\_\_\_

Position/Date: \_\_\_\_\_ Position/Date: \_\_\_\_\_

Do you have any relatives who currently work at Indian Valley CSD? \_\_\_\_\_

Yes     No

If yes, state name(s): \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of legal right to work in this country? \_\_\_\_\_

Yes     No

Some of our positions require the use of a vehicle, do you have a valid driver's license? \_\_\_\_\_

Yes     No

License # \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Can you meet the attendance standard of our agency, which requires all employees to report for work on time for all scheduled days or shifts? \_\_\_\_\_

Yes     No



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## Application for Employment

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### Education

#### High School:

Name/Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No

#### College/University:

Name/Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No

Degree: \_\_\_\_\_

#### Vocational/Business School:

Name/Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No

Degree: \_\_\_\_\_

### Employment History

List below all employment over the last *10 years* starting with your most recent employer. Please include all information requested. **Resumes may be attached for additional information, but will not be accepted in lieu of a completed application.**

#### Name of Employer:

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ May we contact?  Yes  No

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting Title: \_\_\_\_\_ Ending Title: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving (*check one*):

- Discharge  Layoff  Resignation  Other



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## Application for Employment

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### Name of Employer:

Address:

Telephone Number:

May we contact?

Yes

No

Employed from:

to:

Starting Title:

Ending Title:

Immediate Supervisor Name:

Description of Duties:

Reason for leaving (*check one*):

Discharge

Layoff

Resignation

Other

### Name of Employer:

Address:

Telephone Number:

May we contact?

Yes

No

Employed from:

to:

Starting Title:

Ending Title:

Immediate Supervisor Name:

Description of Duties:

Reason for leaving (*check one*):

Discharge

Layoff

Resignation

Other

**Employment offer is contingent upon applicant passing a pre-employment physical examination which may include a screening test for illegal drug use and an assessment of safe work capacity relating to the essential job functions for the position applied.**





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## Application for Employment

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Can you perform any or all essential job functions of the position (as noted in the posting), for which you are applying, either with or without reasonable accommodation?  Yes  No

If hired, when are you available for work?

Date: \_\_\_\_\_

*(Please check all that apply.)*

Full Time

Part Time

Weekends

Overtime

## Skills and Qualifications

Other experience, training or special skills, qualifications, languages, professional licenses or certifications that may qualify you for the position that you are applying for.

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Membership in professional or civic organizations (*exclude those which may disclose your race, religion, or national origin.*)

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## Military Service

Did you obtain any special skills or abilities as the result of military service?

Yes  No  N/A *If yes, please describe.*

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## References

List below three (3) professional references who have knowledge of your work performance.

NAME

TITLE

PHONE NUMBER

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Application for Employment Pg. 5

### Please Read and Sign Below

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for termination from the \_\_\_\_\_ regardless of the time that has elapsed before discovery.

I authorize \_\_\_\_\_ or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to \_\_\_\_\_ from all liability or responsibility with respect to information supplied to \_\_\_\_\_.

I understand that filing this application in no way assures me a position with \_\_\_\_\_, and that this application is not, and is not intended to be, a contract of employment.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986.

All qualified applicants will receive consideration for employment without regard to race, color, sex, age, national origin, religion, physical handicap, or sexual preference. In addition, we encourage employment of veterans. \_\_\_\_\_ offers equal opportunity treatment to all employees and qualified applicants.

I further understand that any offer of employment may be contingent upon passing a medical examination which includes an assessment of safe work capacity relating to the essential job functions for the position and a drug screen designed to identify illegal drugs.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

To submit this form electronically, attach it to an email addressed to:  
**ivcsd@frontiernet.net**





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## Applicant Employee Identification Record

Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each employee and job applicant applying for a particular position. This form is used to provide each applicant/employee with an opportunity to furnish such information voluntarily. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employer's main personnel file. The Indian Valley Community Services District is an equal employment opportunity employer and does not discriminate because of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, age, marital status, physical handicap, or mental condition.

### Employment Survey

Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant  Employee

Position Held/Applied for \_\_\_\_\_

I  Agree  Do not agree to supply the requested information.

Signature \_\_\_\_\_

Male  Female

**Ethnic Origin** (check the appropriate box)

- Black (not of Hispanic origin)  
All persons having origin in any of the Black racial groups.
- White (not of Hispanic origin)  
All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian sub-continent).
- Asian or Pacific Islanders  
All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands (except the Philippine Islands). This area includes, for example, China, Japan, Korea, the Hawaiian Islands, and Samoa.
- Hispanic  
All persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race.
- American Indian or Alaskan Native  
All persons having origin in any of the original peoples of North America.
- Other (specify) \_\_\_\_\_

**Check any of the following that are applicable.**

- Vietnam Era Veteran  Disabled Veteran  Disabled Individual