

ELECTRONIC EMPLOYMENT APPLICATION INSTRUCTIONS

Open the file "IVCSD Employment Application.pdf" in a pdf-reader program. You may download the following pdf-reader program for free.

<https://www.adobe.com/acrobat/pdf-reader.html>

Click in any field to begin typing. There is no character limit so you may type as much info as you need.

You may use your TAB key to move into the next field.

Be sure to SAVE often. You will be able to start saving once you have moved into the second field. You may then save as often as you like.

After completing this interactive PDF application, please save your file again.

Email your saved PDF to: acox@indianvalleycsd.com

Please attach/include any additional documents, such as your resume, to the email.

If you prefer, you may print the application and complete it manually.



Indian Valley Community Services District

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

OFFICE: 127 Crescent Street | Greenville, CA 95947
 MAILING ADDRESS: PO Box 899 | Greenville, CA 95947
 530-284-7724 | indianvalleycsd.com | ivcsd@frontiernet.net

EMPLOYMENT APPLICATION

Position Applying For				Date	
Full Name					
Address			City	State	Zip
Cell Phone	Home Phone		Email		
How did you hear about this position?					
<input type="checkbox"/> Newspaper <input type="checkbox"/> Current Employee (Name)	<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Website:	<input type="checkbox"/> Other	
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?		What position?			
Have you ever been employed with Indian Valley CSD?				Yes	No
If yes, when?		What position?			
Do you have any relatives currently working for Indian Valley CSD?				Yes	No
If yes, state name					
If hired, can you provide evidence of your US citizenship or proof of legal right to work in this country?				Yes	No
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 to work on time for all scheduled days or shifts?				Yes	No

Education

High School Name/Location

Years Completed Did you graduate? Yes No

College/University Name/Location

Years Completed Degree Did you graduate? Yes No

Vocational/Business School Name/Location

Years Completed Degree Did you graduate? Yes No

Employment History

Please 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 Company

Immediate Supervisor Name

Phone Number May we contact? Yes No

Employment from to

Starting Title Ending Title

Description of Duties

Reason for leaving (check one):

Discharge Layoff Resignation Other Still Employed

Name of Company

Immediate Supervisor Name

Phone Number May we contact? Yes No

Employment from to

Starting Title Ending Title

Description of Duties

Reason for leaving (check one):

Discharge Layoff Resignation Other Still Employed

Name of Company
 Immediate Supervisor Name
 Phone Number May we contact? Yes No
 Employment from _____ to _____
 Starting Title _____ Ending Title _____
 Description of Duties _____

Reason for leaving (check one):
 Discharge Layoff Resignation Other Still Employed

Name of Company
 Immediate Supervisor Name
 Phone Number May we contact? Yes No
 Employment from _____ to _____
 Starting Title _____ Ending Title _____
 Description of Duties _____

Reason for leaving (check one):
 Discharge Layoff Resignation Other Still Employed

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 a safe work capacity relating to the essential job functions for the position applied.

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

If hired, when are you available to start work?

Check all that apply:
 Full Time Part Time Weekends Overtime

Skills and Qualifications

Please list other experience, training or special skills, qualifications, languages, professional licenses or certifications that may qualify you for this position.

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

Military Service

Did you obtain any special skills or abilities as a result of military service? If yes, please describe below.

Yes

No

N/A

References

Please list three (3) professional references who have knowledge of your work performance.

Name	Title	Phone
Name	Title	Phone
Name	Title	Phone

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 Indian Valley Community Services District (IVCSD) regardless of the time that has elapsed before discovery.

I authorize IVCSD 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 IVCSD from all liability or responsibility with respect to information supplied to IVCSD.

I understand that filing this application in no way assures me a position with IVCSD 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. IVCSD 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.

Name

Date

EMPLOYMENT DEPENDENT UPON BACKGROUND CHECK

Application Submission Instructions

After completing this interactive PDF application, please save your file.

Email your saved PDF to: acox@indianvalleycsd.com

Please attach/include any additional documents, such as your resume, to the email.

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

Full Name

Position Applying For

Date

Applicant

Current Employee

Consent to provide survey information:

I agree

I do not agree

Male

Female

Ethnic Origin (please 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 Islander

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 (please specify)

Check any of the following that are applicable:

Vietnam-era Veteran

Disabled Veteran

Disabled Individual

Signature