



SAN ELIJO JOINT POWERS AUTHORITY

San Elijo Water Campus
2695 Manchester Avenue
Cardiff, California 92007

(760) 753-6203

APPLICATION FOR EMPLOYMENT

****PROOF OF COVID-19 VACCINATION WILL BE REQUIRED FOR EMPLOYMENT CONSIDERATION
RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION**

IMPORTANT: FOLLOW THESE INSTRUCTIONS EXACTLY

Read the Job Description thoroughly. Answer all questions completely. Use ink or typewriter. Any false statement or material omission is cause for rejection, removal from eligibility list or discharge from employment.

Avoid any reference to religion, politics, race or membership in social or fraternal groups. Exclude any information that will indicate your race, religious creed, national origin, ancestry, sex, physical condition or any other bases prohibited by law.

POSITION - Give exact title as listed on the job bulletin:

Name: _____
Last First Middle

Address: _____
Number Street Apt. # City State Zip Code

Telephone: _____
Home Business/Msg Phone

E-mail _____

May we contact you at work? Yes No Have you previously applied for a position with the SEJPA? Yes No If so, when?

CERTIFICATES: Title of license, certificates or other credentials. Check job bulletin for requirements.

1

Name Expiration Date

2

Name Expiration Date

3

Name Expiration Date

EDUCATION Check if you possess one of the following:

High School Diploma G.E.D. Certificate

CA High School Proficiency Certificate

Highest grade completed:

College: Post Graduate Work: Years

Name and Address of College, University, Vocational School or Institute	Major or Course Study	Attendance Dates	Degree Earned

1 Do you possess a valid California driver license? Yes No License # _____
2 Can you, after employment, submit verification of your legal right to work in the United States? Yes No

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Application for Employment**

EMPLOYMENT HISTORY

List your most recent employment first.

List all experience, paid or voluntary, related to the position.

If all information requested below has been provided on your resume, you can skip this section.

EMPLOYER	Name:		
	Address:		
	Phone Number:		
	Dates Employed		Job Title and Description of Duties
	Mo	Yr	
From			
To			
Total Months:			
Hrs Per Wk:			
			Supervisor's Name/Title
			Reason For Leaving
			May we contact this employer?

EMPLOYER	Name:		
	Address:		
	Phone Number:		
	Dates Employed		Job Title and Description of Duties
	Mo	Yr	
From			
To			
Total Months:			
Hrs Per Wk:			
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EMPLOYER		Name:	
		Address:	
		Phone Number:	
		Dates Employed	Job Title and Description of Duties
		Mo	Yr
From			
To			
Total Months:			
Hrs Per Wk:			
		Supervisor's Name/Title	
		Reason For Leaving	
		May we contact this employer?	

CERTIFICATE OF APPLICANT (Read carefully before signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment. I further agree to submit to a complete medical examination and to furnish proof of citizenship as may be required.

I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of San Elijo.

X

Signature

Date