

## SAN ELIJO JOINT POWERS AUTHORITY San Elijo Water Campus 2695 Manchester Avenue Cardiff, California 92007

# **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	g Phone				
	E-mail					al fan a naaitian with			
May we co	ontact you	at work?	Yes No	the SEJPA?	Yes No	ed for a position with If so, when?			
CERTIFIC	ATES:	Title of lice	nse, certificates or othe	r credentials.	Check job bul	lletin for requirements.			
1									
	Name Expiration Date								
2									
	Name				Expiration Date	;			
3									
	Name				Expiration Date				
EDUCATI		•	u possess one of the fo	-					
	High School Diploma G.E.D. Certificate								
	CA High School Proficiency Certificate Highest grade completed:								
	College:		Post Graduate Work:		Years				
			dress of College,		ajor or	Attendance	Degree		
	L	Jniversity, Vocatio	onal School or Institute	Cour	rse Study	Dates	Earned		

1 Do you possess a valid California driver license? Yes No License # No

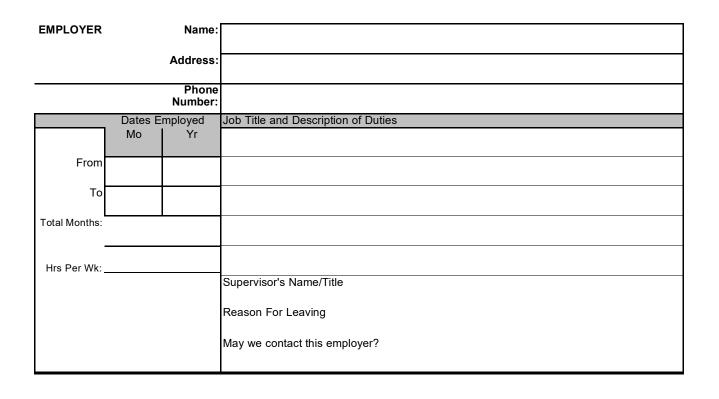
2 Can you, after employment, submit verification of your legal right to work in the United States? Yes

#### San Elijo Joint Powers Authority 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:		Name:	
		Address:	
Phone Number:			
Dates Employed			Job Title and Description of Duties
	Мо	Yr	
From			
То			
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
	Мо	Yr	
From			
То			
Total Months:			
-			
Hrs Per Wk:			
			Supervisor's Name/Title
			Reason For Leaving
			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

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Date