

APPLICATION FOR EMPLOYMENT

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:	<hr/>					
	Last	First			Middle	
Address:	<hr/>					
	Number	Street	Apt. #	City	State	Zip Code
Telephone:	<hr/>					
	Home			Business/Msg Phone		
	<hr/>					
	E-mail					
May we contact you at work?				Have you previously applied for a position with the SEJPA?		
Yes No				Yes No If so, when?		

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

1

Name	Expiration Date
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2

Name	Expiration Date
------	-----------------

3

Name	Expiration Date
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EDUCATION Highest level of education achieved:
(Select from dropdown.)

1 Name of School or Institute:

Address:

Attendance Dates: to

Degree Earned:

2 Name of School or Institute:

Address:

Attendance Dates: to

Degree Earned:

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- 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

**San Elijo Joint Powers Authority
Application for Employment**

EMPLOYMENT HISTORY

List your most recent employment first.

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

EMPLOYER

Name of Employer:	
Address:	
Phone Number:	
Official Job Title:	
Dates Employed:	to
Supervisor's Name & Title:	
Reason for Leaving:	

EMPLOYER

Name of Employer:	
Address:	
Phone Number:	
Official Job Title:	
Dates Employed:	to
Supervisor's Name & Title:	
Reason for Leaving:	

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