



**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:	

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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