



## EMPLOYMENT APPLICATION

An Affirmative Action/Equal Opportunity Employer

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Please answer all questions accurately. All statements in your application are subject to verification. A false statement may bar or remove you from employment. Please type or print. Applications may be mailed to the Goleta West Sanitary District (GWSD), P.O. Box 4, Goleta, California 93116-0004.

---

### PERSONAL

---

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Present Mailing Address City State/Zip

Permanent Address if different from present address

\_\_\_\_\_  
No: Street City State/Zip

\_\_\_\_\_  
Mobile Phone Home Phone e-mail

Number of Years at present address \_\_\_\_\_ Are you under 18 years of age ( ) Yes ( ) No

If selected for a position, can you provide proof of your identity and authority to work in the United States? ( ) Yes ( ) No

Have you ever been in the armed services? ( ) Yes ( ) No Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Have you ever applied to, or worked for the Goleta West Sanitary District before? ( ) Yes ( ) No

If Employed here do you expect to work elsewhere? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
Can you work any shift or day of the week? ( ) Yes ( ) No

Valid Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Class A: ( ) Class B: ( ) Class C: ( )

Has your Driver License ever been revoked or suspended? ( ) Yes ( ) No

Name: \_\_\_\_\_

**EDUCATION**

Name and Location of High School: \_\_\_\_\_

Did you graduate? ( ) Yes ( ) No

Did you earn a GED? ( ) Yes ( ) No

**Education, Training and Experience**

School	Name and Address	Years Completed	Did you Graduate	Degree of Diploma
High School				
College/University				
Vocational/Business				
Other				

List any course you are currently taking: \_\_\_\_\_

What business, vocational equipment or machines can you operate? \_\_\_\_\_

**EXPERIENCE**

List all positions you have held during the past 10 years starting with your present or most recent position. Account for all periods of unemployment. Resumes may be added but cannot substitute for this section.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per ( ) hour ( ) month

Reason(s) for Leaving \_\_\_\_\_

Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per ( ) hour ( ) month

Reason(s) for Leaving \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per ( ) hour ( ) month

Reason(s) for Leaving \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per ( ) hour ( ) month

Reason(s) for Leaving \_\_\_\_\_

\_\_\_\_\_

---

---

**REFERENCES**

---

---

List below three (3) persons not related to you who have knowledge of your skills, experience and ability.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State/Zip

Occupation: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State/Zip

Occupation: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State/Zip

Occupation: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Number of years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

---

**AGREEMENT**

---

I authorize investigation of all statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other persons to whom the company may refer, to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records.

I understand that misrepresentation or omissions of the facts called for herein, receipt of unsatisfactory references or failure to pass a prescribed physical examination will entitle the District to cease further consideration of my application (or end my employment if I shall have been employed). I further understand if I shall be employed, my employment will initially be on a probationary basis and subject to the District's other policies and procedures.

I certify that all statements made in this application are true and complete, and that any misstatement of material fact will subject me to disqualification or dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date