



OCEANO COMMUNITY SERVICES DISTRICT

1655 Front St. PO Box 599
Oceano, CA 93445 (805)481-6730
www.oceanocsd.org

Employment Application

The law prohibits discrimination because of age, sex, religion, race, color, marital status, disability, national origin, sexual orientation, or any legally protected status. Oceano Community Services District is an equal opportunity employer. If you need assistance in completing this application, please let us know.

Instructions to applicant:

1. Print clearly.
Fillable PDF available at:
[www.https://www.oceanocsd.org/employment](https://www.oceanocsd.org/employment)

2. Answer all questions completely and accurately.

3. Avoid any reference to race, color, religion, national origin, or sex.

4. False statements are cause for rejection of application, removal of name from eligible list, or dismissal.

1. Title of the position you are applying for:

2. Full name:

(Last)

(First)

(Middle)

3. Address:

(City)

(State)

(Zip)

Email:

Primary phone:

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Alternate phone:

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4. If hired, can you furnish proof you are eligible to work in the U.S.?

Yes

No

5. What date can you begin new employment?

6. Drivers License #:

State of Issue:

Expiration Date:

7. Education:

Name of High School: _____

Did you graduate? Yes No

Location: _____

If no, do you have a GED certificate? Yes No

COLLEGE OR UNIVERSITIES ATTENDED	MAJOR	MINOR	TYPE OF DEGREE RECEIVED

8. Professional licenses or certificates: _____

9. Courses, special skills, training, and/or machines/equipment that you can operate that relate to the position:

10. Are you a CalPERS retired annuitant? Yes No

11. Do you speak any languages other than English fluently? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.
Carefully account for all recent employment (at least the last 10 years).

A resumé may be attached, but not referenced in lieu of completing this information.

Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for leaving			
Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

May we contact your current employer? Yes No



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Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that compliance with Oceano Community Services District's Employee Policy Handbook is a condition of my employment.

I understand that I may be required to successfully pass a drug-screening and physical examination. I hereby consent to a pre-employment drug screen and physical examination (where applicable) as a condition of my employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____