



HERITAGE RANCH COMMUNITY SERVICES DISTRICT
APPLICATION FOR EMPLOYMENT

ALL QUESTIONS MUST BE ANSWERED CAREFULLY AND COMPLETELY. IF YOU HAVE A RESUME YOU MAY ATTACH IT, BUT YOU MUST FILL IN THE REQUIRED INFORMATION ON THIS APPLICATION FORM. PLEASE TYPE OR PRINT CLEARLY.

GENERAL INFORMATION

TODAY'S DATE					SOCIAL SECURITY NUMBER	
LAST NAME		FIRST	MIDDLE		HOME PHONE	
ADDRESS	STREET	CITY	STATE	ZIP	MESSAGE PHONE	

EMAIL ADDRESS _____

HAVE YOU EVER WORKED UNDER ANOTHER NAME? YES NO
IF YES, PLEASE GIVE NAME: _____ DATE OF NAME CHANGE: _____

LIST ALL PRIOR ADDRESSES FOR THE LAST 7 YEARS

DATE FROM	DATE TO	NUMBER AND STREET	CITY	STATE	ZIP

EMPLOYMENT DESIRED

POSITION DESIRED	SALARY DESIRED
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CHECK TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME TEMPORARY
IF NOT FULL TIME, DAYS AVAILABLE: MON TUE WED THUR FRI SAT SUN
IF NOT FULL TIME, HOURS AVAILABLE: _____
ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? _____
ARE YOU WILLING AND ABLE TO WORK OVERTIME? YES NO

PERSONAL DATA

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED WITH US BEFORE? YES NO IF YES, GIVE DATE: _____
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR THE DISTRICT? YES NO
IF YES, STATE NAME(S) AND RELATIONSHIP: _____
ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, MAY WE CONTACT YOUR EMPLOYER? YES NO
IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

PERSONAL DATA (CONTINUED)

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO **IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.**

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES NO **PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.**

EMPLOYMENT HISTORY

START WITH YOUR MOST RECENT POSITION. PLEASE COMPLETE THIS SECTION IN ITS ENTIRETY. USE ADDITIONAL SHEETS IF NECESSARY. RESUMES WILL NOT BE ACCEPTED IN LIEU OF THE REQUIREMENTS OF THIS SECTION. DATES OF EMPLOYMENT MUST BE STATED IN MONTHS AND YEARS. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT.

EMPLOYER NAME		ADDRESS	
PHONE		SUPERVISOR	
JOB TITLE		WORK PERFORMED:	
FROM: MONTH YEAR	TO: MONTH YEAR		
HOURLY RATE / SALARY STARTING:	FINAL:		
REASON FOR LEAVING:			

EMPLOYER NAME		ADDRESS	
PHONE		SUPERVISOR	
JOB TITLE		WORK PERFORMED:	
FROM: MONTH YEAR	TO: MONTH YEAR		
HOURLY RATE / SALARY STARTING:	FINAL:		
REASON FOR LEAVING:			

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER NAME		ADDRESS	
PHONE		SUPERVISOR	
JOB TITLE		WORK PERFORMED:	
FROM: MONTH YEAR	TO: MONTH YEAR		
HOURLY RATE / SALARY STARTING:	FINAL:		
REASON FOR LEAVING:			

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (PROVIDE FULL NAMES OF SCHOOLS)	DATES ATTENDED	NAME AND DATE OF DEGREE EARNED	MAJOR AND MINOR FIELDS OF STUDY
HIGH SCHOOL OR TRADE SCHOOL		DO NOT SUPPLY DATES FOR HIGH SCHOOL	DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TECH. SCHOOL				
COLLEGE				
COLLEGE				

WATER AND WASTEWATER TRAINING AND CERTIFICATIONS

WATER: _____

WASTEWATER: _____

SPECIAL SKILLS AND QUALIFICATIONS

COMPUTER SOFTWARE: _____

OTHER EQUIPMENT: _____

PROFESSIONAL REFERENCES

LIST BELOW THREE PEOPLE YOU HAVE WORKED WITH FOR AT LEAST ONE YEAR (DO NOT LIST SUPERVISORS). DO NOT LIST RELATIVES OR FRIENDS UNLESS YOU HAVE WORKED WITH THEM.

NAME	OCCUPATION
PHONE NUMBER	EMAIL ADDRESS
NUMBER OF YEARS ACQUAINTED	COMPANY WHERE YOU WORKED TOGETHER
NAME	OCCUPATION
PHONE NUMBER	EMAIL ADDRESS
NUMBER OF YEARS ACQUAINTED	COMPANY WHERE YOU WORKED TOGETHER
NAME	OCCUPATION
PHONE NUMBER	EMAIL ADDRESS
NUMBER OF YEARS ACQUAINTED	COMPANY WHERE YOU WORKED TOGETHER

CERTIFICATE OF APPLICANT, READ CAREFULLY

I HEREBY CERTIFY I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION WHICH MIGHT ADVERSELY AFFECT MY CHANCES OF EMPLOYMENT AND THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ANY DOCUMENTS USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

I HEREBY AUTHORIZE ANY PRESENT EMPLOYER OR SUPERVISOR, PAST EMPLOYER OR SUPERVISOR, COLLEGE, UNIVERSITY OR OTHER INSTITUTION OF LEARNING, COURT, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, FEDERAL AGENCY, FINANCE BUREAU/OFFICE, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS, TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY EMPLOYMENT RECORDS, EARNINGS HISTORY, CREDIT HISTORY, EDUCATIONAL RECORDS, HEALTH, CHARACTER, CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, WORKERS' COMPENSATION CLAIMS, OR OTHER INFORMATION REQUESTED TO THE DISTRICT OR ITS REPRESENTATIVE. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. A PHOTOGRAPHIC OR FAXED COPY OF THE AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I HEREBY AGREE TO SUBMIT TO BINDING ARBITRATION ALL DISPUTES AND CLAIMS ARISING OUT OF THE SUBMISSION OF THIS APPLICANT. I FURTHER AGREE, IN THE EVENT THAT I AM HIRED BY THE DISTRICT, THAT ALL DISPUTES THAT CANNOT BE RESOLVED BY INFORMAL INTERNAL RESOLUTION WHICH MIGHT ARISE OUT OF MY EMPLOYMENT WITH THE DISTRICT, WHETHER DURING OR AFTER THAT EMPLOYMENT, WILL BE SUBMITTED TO BINDING ARBITRATION. I AGREE THAT SUCH ARBITRATION SHALL BE CONDUCTED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. THIS APPLICATION CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH REGARD TO DISPUTE RESOLUTION, AND THERE ARE NO OTHER AGREEMENTS AS TO DISPUTE RESOLUTION, AND THERE ARE NO OTHER AGREEMENTS AS TO DISPUTE RESOLUTION, EITHER ORAL OR WRITTEN.

I HAVE READ AND UNDERSTOOD THE ABOVE:

APPLICANT'S SIGNATURE

DATE

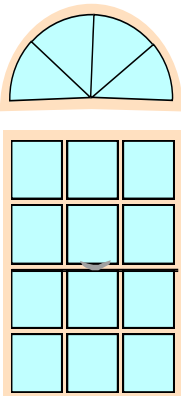
APPLICANT'S NAME PRINTED

DISCLOSURE AND AUTHORIZATION

DISCLOSURE: AN INVESTIGATIVE CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES.

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including information about your general reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided a summary of your rights and information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics.

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, consumer reporting agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, workers' compensation claims, general reputation, character, performance, social media checks (i.e. Facebook, Google, etc.) or any other information requested to J. H. Smith Consulting, their clients, and or their agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original. According to the FAIR CREDIT REPORTING ACT, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. In compliance with the 1990 American with Disabilities Act, a worker compensation search will only be requested when a conditional job offer exists. I understand that if hired, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the company Human Resources office.

 <p style="margin-top: 10px;">J.H. Smith Consulting <i>Human Resources and Business Management</i> PO Box 842</p>					
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature _____</td> <td style="width: 30%; border: none;">Date _____</td> </tr> </table>	Signature _____	Date _____		
	Signature _____	Date _____			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;"><i>Please print</i></td> <td style="width: 25%; border: none;">First Name</td> <td style="width: 25%; border: none;">Middle Name</td> <td style="width: 30%; border: none;">Last Name</td> </tr> </table>	<i>Please print</i>	First Name	Middle Name	Last Name
	<i>Please print</i>	First Name	Middle Name	Last Name	
	List any other names under which you have worked or received a degree				
	Street Address				
	City, State, Zip				
<table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none;">Social Security Number</td> <td style="width: 35%; border: none;">Date of Birth*</td> </tr> </table>	Social Security Number	Date of Birth*			
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*The date of birth is used for identification purposes only and plays no part in the selection process. All Federal and State rights is respected. Year of birth is optional.

You have the right to receive a copy of your Investigative Consumer Report should one be requested for employment reasons.

I wish to be furnished with a copy of my Investigative Consumer Report should one be ordered

MAY WE CONTACT YOUR CURRENT EMPLOYER? (check appropriate box below)

Yes

No

Not applicable