

# TEMPLETON CSD

## DEPARTMENT OF ADMINISTRATION

# JOB APPLICATION

HUMAN RESOURCES  
DEPARTMENT DATE STAMP



**1. EXACT title of position you are applying for:**

2. First Name Middle Initial Last Name

3. Street Address (City, State, Zip):

4. Mailing Address (City, State, Zip):

5. Home Phone (OK to leave message?)  Yes  No

6. Message/Cell Phone (OK to leave message?)  Yes  No

7. Email Address (provide only if we may contact you by email):

**8. District Employment/Relationships**

- A. If you are currently employed at the Templeton CSD, in what capacity are you employed?  Regular  Extra-Hire  Contract
- B. Have you ever been employed by the Templeton CSD?  Yes  No If yes, what Dept.: \_\_\_\_\_
- C. Have you worked for the Templeton CSD under another name? If so, what name? \_\_\_\_\_

9. **California Driver's License:** Some positions may require possession of a California Driver's License.  
Do you have a valid California Driver's License?  Yes  No If no, is your license  Revoked  Suspended  Restricted  
Class  A (Commercial)  B (Commercial)  C No. \_\_\_\_\_ Expires: \_\_\_\_\_

10. **Employment Eligibility Verification** (failure to complete this section will disqualify you from further consideration)
- A. Are you a citizen or national of the United States?  Yes  No
- B. Are you an alien lawfully admitted for permanent residence?  Yes  No
- C. Are you an alien authorized by the Immigration or Naturalization Service to work in the United States?  Yes  No

11. **PERS** Were you ever a member of the State or Public Employees Retirement System?  Yes  No  
If yes, list employer and dates.

Dates	Agency	Dates	Agency
12. <b>Discharge/Release/Resignation information:</b> Were you ever discharged, released during probation, or have you resigned under pressure or unfavorable circumstances from any employment. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

13. **Will you accept:**  Permanent Part-Time Work (less than 40 hours)  Temporary, Extra-Hire (Whenever needed)  
 Evening/Night Work  Saturday/Sunday Work \_\_\_\_\_

Personnel Use Only		Application Accepted	† Yes	† No	† Qualified	† Not Qualified
† Incomplete/Unsigned	† Experience	† Education	† License/Certificate	† Under 18 yrs. of age		
† Late submission	† Illegible	† Other _____				



**14. Education and Training:** Please read the minimum qualifications and education/experience section on the job announcement before continuing. Copies of transcripts, certifications, licenses, degrees, etc., must be submitted with the application as appropriate, based on the minimum qualifications of the job announcement. Official transcripts may be required upon request. Foreign transcripts must be reviewed by a credentialing service (NACES) and an official letter submitted as part of the application packet.

High School Graduate?  Yes  No If no, indicate highest grade completed: \_\_\_\_\_ Equivalency Test or GED  Yes  No

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

Name and Location of College, University, Business, Trade, or Service Schools	Degree Major	Credits Earned	Degree Type
_____	_____	_____	_____
_____	_____	_____	_____

Professional License/Registration/Certification	Number	Issue Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**15. Language Skills.** *In addition* to **ENGLISH** I can fluently:

Speak  Read  Write **Language:** \_\_\_\_\_

Speak  Read  Write **Language:** \_\_\_\_\_

Speak  Read  Write **Language:** \_\_\_\_\_

Speak  Read  Write **Language:** \_\_\_\_\_

<b>16. Computer Skills.</b>	Beginner	Intermediate	Advanced
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft InfoPath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adobe Acrobat Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Additional certifications, skills, and experience:**

18. **Experience:** Begin with your **MOST RECENT** experience, including military service and volunteer service. Give details on the experiences that you believe meets the minimum requirements for this position. List all experience in the last ten (10) years. Show actual time (number of hours per week) spent in each experience. **DO NOT** use "SEE RESUME" or similar expressions for any of the requested information on this form. Resumes may be attached and are encouraged for positions that do not require them. A resume **WILL NOT** be accepted in lieu of completing the Templeton Community Services District Application.

The following section must be completed even if attaching a resume.

Period of Employment	May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From _____ To _____ ____ / ____ / ____      ____ / ____ / ____ Total ____yr(s) ____Mo(s). Hours per week _____	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Reason for Leaving: _____ _____
Your Job Title:	
Your Duties:	
B. From _____ To _____ ____ / ____ / ____      ____ / ____ / ____ Total ____yr(s) ____Mo(s). Hours per week _____	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Reason for Leaving: _____ _____
Your Job Title:	
Your Duties:	

<b>Period of Employment</b>	
C. From                      To ____ / ____ / ____      ____ / ____ / ____ Total ____yr(s)    ____ Mo(s). Hours per week ____	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Reason for Leaving: _____ _____

Your Job Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. From                      To ____ / ____ / ____      ____ / ____ / ____ Total ____yr(s)    ____ Mo(s). Hours per week ____	Name of Company: _____ Address: _____ Phone No.: _____ City/St/Zip _____ Immediate Supervisor: _____ Reason for Leaving: _____ _____
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Your Job Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. **References:** List three (3) people who are not related to you and who can provide a reference. Professional references preferred.

Name	Phone No.	Occupation	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. **Certificate of Application** (Read carefully before signing.)  
 I HEREBY CERTIFY that under penalty of perjury all statements made in this application and attachments are complete and true to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment with the Templeton CSD, or for termination if discovered at a later date. I authorize investigation of all statements contained herein. I further authorize the references and employers listed above or on any of the attached documents to give you any and all pertinent information concerning my previous employment, personal or otherwise. I hereby release, save, defend and hold harmless Templeton CSD, my current and former employers, and their officers, employees and agents, from any claims that may arise from furnishing the same to you. I further agree to be fingerprinted, to submit to a medical examination by a District physician if required for the position for which I am applying, and to an investigation of matters contained in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Templeton Community Services District is asking all applicants to voluntarily complete this form in order to comply with federal Equal Employment Opportunity law requirements. Your cooperation in providing this information is essential to the success of the research and evaluation program. This information is solicited on a **voluntary** basis and will **NOT** be used to make any decision about your eligibility, selection, or employment. This information will be detached from the application and will only be available to authorized personnel, and only for research and statistical purposes. It will **NOT** have any effect upon your application.

### **ETHNIC ORIGIN:**

The following ethnic categories have been identified by the Equal Employment Opportunity Commission (EEOC). Please check **one space only** for the ethnic category you most closely identify with.

**White (not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (W).

**Black (not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa (B).

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (H).

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition; including American Indians, Aleuts, and Eskimos (I).

**GENDER:**       Female       Male

**AGE:**       Under 18       18-20       21-29       30-39

40-49       50-59       60 or Over

**DISABILITY:**       None       Hearing       Speech       Developmental

Visual       Physical

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## **RECRUITMENT RESEARCH**

**SOURCE:** How did you learn about this recruitment (circle only **one**):

- Newspaper       District Website       Jobs Available  
 On-line CSDA Website       District Employee       Friend/Family (who is not a TCSD Employee)  
 Internet (specify) \_\_\_\_\_       Trade Journal

**EDUCATION:** Please indicate the highest grade in school that you have completed (circle only **one**):

- Some High School       1-2 Years of College       Bachelor's Degree  
 HS Equiv./GED       Associate's Degree       Master's Degree  
 High School Graduate       2-3 Years of College       Doctoral Degree

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

Title of position you are applying for: \_\_\_\_\_