



List any school courses, special skills, training, machines or equipment that you can operate that relate to the requirements of the position.

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LICENSES/CERTIFICATES: Must identify all licenses, certificates, and registrations required for the position you are applying for (please refer to the Job Announcement for any such requirements).

Type: \_\_\_\_\_ No. \_\_\_\_\_ Expires: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class# \_\_\_\_\_ Expires: \_\_\_\_\_

EXPERIENCE: Read the experience requirements in the job announcement and description before completing this section. Please be sure that you meet the minimum requirements for the position. List all periods of employment and unemployment for the last fifteen years, starting with the most recent and working back. List periods of U.S. Military service. List different positions with the same employer separately. **Give complete information. A resume may be added but cannot substitute for this section.** If you need more space, attach additional sheets using the same format.

	JOB TITLE & DUTIES	EMPLOYER NAME, MAILING ADDRESS, PHONE, SUPERVISOR	REASON FOR LEAVING
From ___/___/___			
To ___/___/___			
\$_____ Per _____			
Avg. # hrs per week _____			
		Would you object to contacting of this employer? ___yes ___no	
	JOB TITLE & DUTIES	EMPLOYER NAME, MAILING ADDRESS, PHONE, SUPERVISOR	REASON FOR LEAVING
From ___/___/___			
To ___/___/___			
\$_____ Per _____			
Avg. # hrs per week _____			
		Would you object to contacting of this employer? ___yes ___no	

	JOB TITLE & DUTIES	EMPLOYER NAME, MAILING ADDRESS, PHONE, SUPERVISOR	REASON FOR LEAVING
From ___/___/___			
To ___/___/___			
\$_____ Per_____			
Avg. # hrs per week _____			
		Would you object to contacting of this employer? ___yes ___no	
	JOB TITLE & DUTIES	EMPLOYER NAME, MAILING ADDRESS, PHONE, SUPERVISOR	REASON FOR LEAVING
From ___/___/___			
To ___/___/___			
\$_____ Per_____			
Avg. # hrs per week _____			
		Would you object to contacting of this employer? ___yes ___no	
	JOB TITLE & DUTIES	EMPLOYER NAME, MAILING ADDRESS, PHONE, SUPERVISOR	REASON FOR LEAVING
From ___/___/___			
To ___/___/___			
\$_____ Per_____			
Avg. # hrs per week _____			
		Would you object to contacting of this employer? ___yes ___no	
	JOB TITLE & DUTIES	EMPLOYER NAME, MAILING ADDRESS, PHONE, SUPERVISOR	REASON FOR LEAVING
From ___/___/___			
To ___/___/___			
\$_____ Per_____			
Avg. # hrs per week _____			
		Would you object to contacting of this employer? ___yes ___no	

Were you ever discharged or asked to resign from a position? \_\_\_\_Yes \_\_\_\_No

If “Yes”, please explain:

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CERTIFICATE OF APPLICANT: I certify that all the statements made in this application, including any supplemental application, are true and complete to the best of my knowledge. I understand that all statements are subject to verification by the Cayucos Sanitary District and any false statements or omissions of material facts may be considered sufficient to subject me to disqualification or dismissal. I hereby authorize designated representatives of my current and former employers to respond to verbal or written inquiries and to release information about my employment with their respective organizations, including information based on the materials in my personnel file, to authorized representatives of the Cayucos Sanitary District. I hereby agree to release, save, defend, and hold harmless my current and former employers and/or their officers, employees, and agents from any claims arising from the release of such employment information.

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

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