



# CAYUCOS SANITARY DISTRICT

200 Ash Avenue  
P.O. Box 333, Cayucos, California 93430-0333  
www.cayucossd.org  
805-995-3290

## EMPLOYMENT APPLICATION

ORIGINAL APPLICATION FORM MUST BE FILED. RESUMES MAY BE ADDED, BUT CANNOT BE SUBSTITUTED. PLEASE TYPE OR PRINT CLEARLY IN INK.

INSTRUCTIONS: This application is part of the examination process. Failure to meet all the requirements outlined in the position announcement by the final filing date is cause for rejection. It is the applicant's responsibility to ensure that the application is on file at the District office no later than 4:30 p.m. of the final filing date. Late applications will be rejected.

\_\_\_\_\_ Date \_\_\_\_\_ Position Applying For \_\_\_\_\_ Date Available \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE \_\_\_\_\_  
Home Ok to leave msg.? Work Ok to leave msg.?

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

Disclosure of your Social Security Number is voluntary. It will be used for identification purposes only to ensure that proper records are maintained.

Are you 18 years of age or older? \_\_\_Yes \_\_\_No Month of Birth \_\_\_ \_\_\_ Day of Birth \_\_\_ \_\_\_

Can you submit proof of age after employment? \_\_\_Yes \_\_\_No

Last High School Attended: \_\_\_\_\_

Did you graduate? \_\_\_Yes \_\_\_No If "No", do you have a GED certificate? \_\_\_Yes \_\_\_No

	Name of Institution	Major		Units		Degree Type
	Location	Minor		Sem.	Qtr.	Date Received
College/Univ.						
College/Univ.						
Other						
Other						

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, MALING ADDRESS, PHONE, SUPERVISOR	REASON FOR LEAVING
	Would you object to contacting of this employer? ____yes ____no	
	Would you object to contacting of this employer? ____yes ____no	
	Would you object to contacting of this employer? ____yes ____no	

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	Would you object to contacting of this employer? ___yes ___no	
	Would you object to contacting of this employer? ___yes ___no	
	Would you object to contacting of this employer? ___yes ___no	
	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: \_\_\_\_\_