

## **Employment Application**

## Great Basin Unified Air Pollution Control District

157 Short Street, Bishop, CA 93514 Phone 760-872-8211 www.gbuapcd.org

NAME Last, First, Middle Initial					Title of Position For Which You Are Applying					
ADDRESS Number Street				Apt.#		City		Sta	ite	Zip
Home Phone	Work Phone			Cell Phone			E-	Mail Addre	ess	
DRIVER'S LICENSE – If required, do you have a driver's license? Yes No Class A			posi			Can you perform the essential functions of this osition with or without reasonable accommodation?  Yes  No				
EDUCATION AND TRAINING										
Did you graduate from high school, have a G.E.D. Certification, have a California High School Proficiency Certificate or equivalent?  Yes  No										
College/University/Vocation School Name and Location			Course	Course of Study or Maj		Units Completed	Did you Graduate? YES NO			of Degree arned
Describe any job-related skills, special training, certificates or licenses you may possess which are relevant to the position										
Are you legally eligible for employment in the United States? Yes No										
Are you over 18 years of age?	Yes	No If n	o, can y	ou secure a Cal	ifornia v	work permit?			Yes	No
If a driver's license is required for the job, have you received any moving violation tickets in the last three years?  Yes No If yes, list violation(s), date(s) and disposition(s) in the "Comments" section below. A yes answer is not necessarily disqualifying.										
Were you ever discharged from employment, released from probation, or forced to resign because of misconduct or unsatisfactory services?  Yes No If "Yes", explain in the "Comments" section below. A "Yes" answer is not necessarily disqualifying.										
COMMENTS										
REFERENCES – List name and phone number of supervisors from previous jobs (if different than employment verification contact on reverse side) or other education/professional references. Do not list friends or relatives.										
I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee in the service of Great Basin Unified Air Pollution Control District (District). I further give permission to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and authorize disclosure of any and all information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure. I further agree to submit to a job-related medical examination upon employment and to furnish such proof of age and work eligibility as may be required.										
PRINT NAME:										
SIGNATURE:				DATE:						

WORK EXPERIENCE – List each job separately starting with your most recent position. List all jobs regardless of duration, including part-time jobs, volunteer service, military service, and any periods of unemployment during the last ten years.

Job Title	Month and Year: FROM TO				
Employer Name and Address	Verify by Contacting: Name				
	Phone				
Reason For Leaving					
Job Title					
	Month and Year: FROM TO				
Employer Name and Address	Verify by Contacting: Name				
	Phone				
Reason For Leaving					
Job Title	Month and Year: FROM TO				
Employer Name and Address	Verify by Contacting: Name				
	Phone				
Reason For Leaving					
Lab Tilla					
Job Title	Month and Year: FROM TO				
Employer Name and Address	Verify by Contacting: Name				
	Phone				
Reason For Leaving					
Job Title	Month and Year: FROM TO				
Employer Name and Address	Verify by Contacting: Name				
	Phone				
Reason For Leaving					
Use additional sheets either to continue your employment history that are particularly appropriate for the position for which you are applying.					