



Employment Application

Great Basin Unified Air Pollution Control District
 157 Short Street, Bishop, CA 93514
 Phone 760-872-8211

For Office Use

NAME	Last	First	Middle Initial	Title of Position For Which You Are Applying	
ADDRESS	Number	Street	Apt. #	City	State Zip
Home Phone	Work Phone		Cell Phone	E-Mail Address	
DRIVER'S LICENSE – If required, do you have a valid driver's license?		If Yes, What Kind?		Can you perform the essential functions of this position with or without reasonable accommodation?	
Yes No		Class A Class B Class C		! 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 of Study or Major		Units Completed	Did you Graduate? YES NO
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 ڤ No If no, can you secure a California work permit? ڤ Yes ڤ No					
If a driver's license is required for the job, have you received any moving violation tickets in the last three years? ڤ Yes ڤ 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? ڤ Yes ڤ 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 teachers. No friends or relatives.					
<p><i>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.</i></p>					
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	Salary: \$	per	hour	month	year
Employer Name and Address		Verify by Contacting: Name Phone				
Reason For Leaving						
Job Duties						
Job Title	Month and Year: FROM TO	Salary: \$	per	hour	month	year
Employer Name and Address		Verify by Contacting: Name Phone				
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Job Title	Month and Year: FROM TO	Salary: \$	per	hour	month	year
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Employer Name and Address		Verify by Contacting: Name Phone				
Reason For Leaving						
Job Duties						
Use additional sheets either to continue your employment history or to describe in greater detail any aspects of your experience or activities that are particularly appropriate for the position for which you are applying.						