



# BEAR VALLEY COMMUNITY SERVICES DISTRICT

28999 South Lower Valley Road • Tehachapi, CA 93561-7460  
PHONE 661-821-4428 • FAX 661-821-0180

## APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address		
	City	State Zip Code
Telephone Number(s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

*If yes, give date*

Have you ever been employed with us before?  Yes  No

*If yes, give date*

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Employment Experience

**Start with your present, or last job.** Include any job-related military service assignments and volunteer activities.  
*You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

1.	Employer	Dates Employed From      To		<b>Work Performed</b>
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting      Final		
	Job Title                  Supervisor			
	Reason for Leaving			
2.	Employer	Dates Employed From      To		<b>Work Performed</b>
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting      Final		
	Job Title                  Supervisor			
	Reason for Leaving			
3.	Employer	Dates Employed From      To		<b>Work Performed</b>
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting      Final		
	Job Title                  Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed From      To		<b>Work Performed</b>
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting      Final		
	Job Title                  Supervisor			
	Reason for Leaving			
5.	Employer	Dates Employed From      To		<b>Work Performed</b>
	Address			
	Telephone Number(s)	Hourly Rate/Salary Starting      Final		
	Job Title                  Supervisor			
	Reason for Leaving			

*If you need additional space, please continue on a separate sheet of paper*

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


# Education

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other ( <i>Specify</i> )				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.** *You may exclude activities which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


# Additional Information

**Other Qualifications**  
*Summarize special job-related skills and qualifications acquired from employment or other experience.*


**State any additional information you feel may be helpful to us in considering your application.**

**PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Physical demands may include: possession of normally functioning olfactory sensation and normal color vision; balancing, climbing, ascending and descending ladders; operating a motor vehicle or equipment for prolonged periods of time; heavy physical labor; kneeling, crouching, lifting, pushing and/or pulling of objects weighing 90 pounds or more; making repetitive hand or body motions, walking, running, sitting, speaking, standing, stooping, bending, using hands and fingers; using hand or power tools; working in cramped and confined spaces; working outside and underground; utilizing Personal Protective Equipment per OSHA General Industry Standards 29 CFR 1910. Vision in the normal range with or without correction. Hearing in the normal range with or without correction.

**WORK ENVIRONMENT:**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Work environment includes: exposure to water, chemicals, confined work spaces, dust, dirt, electrical hazards, fumes, odors, gases, high or low temperatures, noise, poor lighting, shift work, extended shifts, toxic materials, air contamination, wetness and humidity, vibration and driving on a daily basis; frequent exposure to high work places; exposure to human waste and bio-solids; inclement weather conditions which may include extreme cold or heat and exposure to snow, rain, wind, sun, etc.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes       No

**References**

1. \_\_\_\_\_  
(Name) Phone #
2. \_\_\_\_\_  
(Name) Phone #
3. \_\_\_\_\_  
(Name) Phone #

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR DEPARTMENT PERSONNEL USE ONLY

Arrange Interview

Yes

No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed

Yes

No

Date of Employment

\_\_\_\_\_

Job Title

\_\_\_\_\_

Hourly Rate/Salary

\_\_\_\_\_

Department

\_\_\_\_\_

By

\_\_\_\_\_

NAME AND TITLE

DATE

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

