

Yolo Country Flood Control & Water Conservation District

34274 State Highway 16
Woodland, Ca 95695
(530) 662-0265

Application for Employment

An Equal Opportunity Employer

The District requires regular employees to submit to a pre-placement physical examination with drug test. The cost of the examination is borne by the District. The District selects doctors who perform the examination. The District also requires a DMV driving record printout to be submitted with the application. Employment may be terminated if our insurance carrier will not insure your use of District vehicles/equipment. Additional information, such as a resume, may be attached to this application.

PLEASE PRINT OR TYPE

Name: Last Name, First Name and Middle Initial		Social Security Number	
Address: Street, City, State and Zip		Telephone Number	
Permanent Forwarding Address (If Different From Above)		Alternate Phone Number	
Can you, after offer of employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently 18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, you may be required to provide authorization to work. Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide company name and details: How were you referred to us? <input type="checkbox"/> No Referral <input type="checkbox"/> Ad <input type="checkbox"/> Employee referral if yes, who: _____ <input type="checkbox"/> Agency referral <input type="checkbox"/> Other _____ Have you worked for the District before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CA Drivers License #	Expiration Date	Class	
Position Applying For	Date available		
Type Of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Regular Shift <input type="checkbox"/> Alternate Shift			
Last education level completed HIGH SCHOOL: 9 10 11 12 GED <input type="checkbox"/> TRADE SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4			
If you attended school using different name, list it here:			
High School/Trade School	Location	Major Focus	Degree
College/University	Location	Major Focus	Degree
College/University	Location	Major Focus	Degree
Vocational and/or professional information (e.g., research projects, thesis subject, publications, patents, seminars, job related hobbies, volunteer work). NOTE: Do not list courses taken towards a degree or diploma.			
Job related tools, machines and equipment you can operate			
Office Skills: Name computer programs with which you are:			
Fluent: _____			
Comfortable: _____			

List work experience including military beginning with your present or last position (attach additional sheet, if necessary)

Company Name (most recent or present employer)		Telephone	Employment dates From _____ to _____
Address (street, city, state, zip code)			
Your Job Title	Supervisor: Name: Title:		
Reason for leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if hired			
Summarize the nature of work performed and job responsibilities <input type="checkbox"/> see resume (if attached)			
Company Name		Telephone	Employment dates From _____ to _____
Address (street, city, state, zip code)			
Your Job Title	Supervisor: Name: Title:		
Reason for leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if hired			
Summarize the nature of work performed and job responsibilities <input type="checkbox"/> see resume (if attached)			
Company Name		Telephone	Employment dates From _____ to _____
Address (street, city, state, zip code)			
Your Job Title	Supervisor: Name: Title:		
Reason for leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if hired			
Summarize the nature of work performed and job responsibilities <input type="checkbox"/> see resume (if attached)			
Company Name		Telephone	Employment dates From _____ to _____
Address (street, city, state, zip code)			
Your Job Title	Supervisor: Name: Title:		
Reason for leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if hired			
Summarize the nature of work performed and job responsibilities <input type="checkbox"/> see resume (if attached)			
Company Name		Telephone	Employment dates From _____ to _____
Address (street, city, state, zip code)			
Your Job Title	Supervisor: Name: Title:		
Reason for leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if hired			
Summarize the nature of work performed and job responsibilities <input type="checkbox"/> see resume (if attached)			

Please list 3 person (not including relatives or supervisors already listed) best able to comment on your work experience			
Name	Title	Company	Telephone Number

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Yolo County Flood Control & Water Conservation District (District) to hire me. If I am hired, I understand that either the District or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that only the District Board of Directors has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the District true and complete information on this application. No requested information has been concealed. I authorize the District to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____

Date: _____