

Twain Harte Community Services District considers applicants for all positions without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, physical or mental disability, medical condition, or any other legally protected status.

<b>PERSONAL</b>			
Last Name	First	Middle	Date of Application
Mailing Address		City	State Zip Code
Home Phone	Business Phone	Cell Phone	E-mail address
POSITION APPLIED FOR: _____			

<b>EDUCATION:</b> Are you a high school graduate?		GED or equivalent?		
Name Schools Attended	Location (Street Address, City & State)	Major	Did you Graduate?	Certificate/ Diploma/Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
Trade, Technical, Business School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	

<b>SPECIAL TRAINING, SKILLS AND QUALIFICATIONS</b>
Special License(s) and/or Certification(s) _____ Special Training and Qualifications _____

Do not write in this space – for office use only

Last Name:

**EMPLOYMENT EXPERIENCE**

Start with your present or last job and account for time for at least the last ten years. Include any job-related military service assignment and volunteer activities.

1. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left or your desire to leave this job			
Work Performed			

2. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left this job			
Work Performed			

3. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left this job			
Work Performed			

4. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left this job			
Work Performed			

If you need additional space, please continue on the next page. You may include a resume.

Twain Harte Community Services District may contact employers listed above unless you indicate those you do not want contacted.

<b>DO NOT CONTACT</b>	
Employer # (s)	Reason

Last Name:

**EMPLOYMENT EXPERIENCE continued**

5. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left or your desire to leave this job			
Work Performed			

6. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left this job			
Work Performed			

7. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left this job			
Work Performed			

8. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title		Telephone Number(s)	
Reason(s) you left this job			
Work Performed			

Last Name: \_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you learn about Twain Harte Community Services District?

- Advertisement  Name of Publication \_\_\_\_\_  
Internet  Name of Website \_\_\_\_\_  
Friend  Name of Friend \_\_\_\_\_  
Relative  Name of Relative \_\_\_\_\_  
Walk-In   
Other

Are you willing to work rotating shifts, weekends and/or holidays? Yes  No

Do you have a valid California driver's license? Yes  No   
Driver's License # \_\_\_\_\_  Class C

Do you have a Commercial Driver's License? Yes  No   
 Class A  Class B Endorsements: \_\_\_\_\_

Has your license been revoked or suspended in the past five years? Yes  No   
If yes, please explain \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? Yes  No   
If yes, please explain \_\_\_\_\_

If you have a relative(s) or friend(s) working at THCS D, please list their name(s): \_\_\_\_\_

**CERTIFICATION (Please read and complete)**

**The information provided in this application is true, correct, and complete. If employed, any willful misstatement or omission of fact on this application may result in my dismissal. My name/signature below certifies that I have read and understand these statements.**

APPLICANT'S SIGNATURE

DATE

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