

APPLICATION FOR EMPLOYMENT
Sewerage Commission – Oroville Region
P.O. Box 1350, Oroville, CA 95965
(PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER)

(Please type or print all information clearly)

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip

Previous Address (if present address is less than 3 years)

Street City State Zip

Phone No. _____ Are you 18 years of age or older? _____

EMPLOYMENT DESIRED

Position _____ Date you can begin _____ Salary desired _____

Are you currently employed? _____ If so, may we contact your present employer as a reference? _____

Have you ever applied at SC-OR before? _____ When? _____

Referred By _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				
Trade, business or other school				

GENERAL

Subjects of special study or research work: _____

Special Skills: _____

Activities (Civic, Athletic, Etc.): _____

The Age Discrimination Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (List last four employers below, beginning with the most recent)

Month & Year	Name & Address	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

Which of these jobs did you prefer the most? _____

What did you like most about this job? _____

REFERENCES: Give the names of three persons not related to you whom you have known at least one year.

Name	Address	Business	Years Known
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone Number
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THE SEWERAGE COMMISSION-OROVILLE REGION HAS A POLICY OF REQUIRING A PHYSICIAN'S EXAM, TOGETHER WITH URINE AND BLOOD TESTING OF PERSONS WHO ARE UNDER SERIOUS CONSIDERATION FOR EMPLOYMENT. PERSONS WHO DO NOT RECEIVE SAID PHYSICIANS CERTIFICATION OF QUALIFICATION TO DO THE TYPE OF WORK REQUIRED BY THE POSITION APPLIED FOR, OR WHO TEST POSITIVE FOR THE PRESENCE OF ILLICIT DRUGS IN THEIR SYSTEM WILL NOT BE CONSIDERED FURTHER. IF YOU HAVE REASON TO BELIEVE THAT YOU WILL NOT PASS A PHYSICIAN'S EXAMINATION, WILL REGISTER POSITIVE ON A DRUG SCREEN, OR IF YOU ARE UNWILLING TO CONSENT TO SUCH A TEST OR EXAMINATION, IT IS RECOMMENDED THAT YOU DO NOT SUBMIT AN APPLICATION.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

Date _____ Signature _____