



Yolo- Solano Air Quality Management District

1947 Galileo Court, Suite 103; Davis, CA 95618 | (530) 757-3650 | www.ysaqmd.org

Employment Application

Position Applying for: _____

Date: _____

Complete all sections of this application using the PDF fill-in version or print in ink. Illegible applications will not be considered.

Applicant Information

Upon an offer of employment, your social security number will need to be submitted to Human Resources.

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Phone	Alternate Phone	E-mail Address	

General Information

(Check One)

- | | | |
|---|-----|----|
| 1) Are you now, or have you ever been, employed by the District?
If <u>yes</u> , please list dates and position: _____ | Yes | No |
| 2) Do you have any relatives currently employed by YSAQMD?
If <u>yes</u> , please list names: _____ | Yes | No |
| 3) If hired, can you provide proof of the right to work in the U.S?
If <u>not</u> , please explain why in an attached cover letter. | Yes | No |
| 4) Do you possess a valid California Driver's License?
Candidates receiving offers of employment will be required to submit a valid California Driver's License upon employment. | Yes | No |

Yolo-Solano Air Quality Management District will inquire about your criminal history once it has been determined that you meet the minimum requirements for the position. All offers of employment will be subject to satisfactory review of any criminal convictions. No applicant will be denied employment solely on the ground of a criminal offense, which does not interfere with the candidate's ability to perform essential job functions.

Education and Training

Submit evidence of your college education, such as copies of transcripts or diplomas, and copies of professional licenses, certificates or memberships with your application. You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, or age.

Are you a High School Graduate? Yes No If not, do you possess a GED? Yes No

Name and Address of College, University, Business, or Trade School Attended	Major Course of Study	Units Completed Semester/Quarter	Degree Awarded

List current licenses, certifications, registrations, or memberships in professional organizations.

License #:	Expiration Date:
License #:	Expiration Date:

Employment History

Begin with your most recent job. List each job separately. Use additional sheets if more space is necessary, using the same format. Unless otherwise instructed, resumes **will not** be accepted in lieu of completing this section of the application.

May we contact all employers listed? **Yes** **No**
Indicate exceptions:

From: _____ To: _____ Employer Name: _____

Job Title: _____ Address: _____

Name and Title of Manager/Supervisor: _____

Summary of Duties:

Reason for Leaving:

From: _____ To: _____ Employer Name: _____

Job Title: _____ Address: _____

Name and Title of Manager/Supervisor: _____

Summary of Duties:

Reason for Leaving:

From: _____ To: _____ Employer Name: _____

Job Title: _____ Address: _____

Name and Title of Manager/Supervisor: _____

Summary of Duties:

Reason for Leaving:

READ THIS STATEMENT BEFORE SIGNING: I authorize investigation of all statements in this application form if I am considered for employment. I understand that employment is conditioned upon successfully passing a post-offer drug screen, a possible pre-employment medical exam, and job reference verification. I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application including supplemental questionnaire, if applicable. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if employed, regardless of the time elapsed before discovery. I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the District. I understand if this position is an at-will position, that either the District or myself may terminate our work relationship at any time and for any reason; I further understand that should I be employed in a non-exempt position, my employment will be on a probationary basis and either the District or myself may terminate our work relationship during this probationary period at any time and for any reason.

Applicant's Signature: _____

Date: _____