



Complete all sections of this application using the PDF fill-in version or print in ink. Illegible applications will not be considered. Keep the District informed of any address changes.

Yolo-Solano Air Quality Management District
 1947 Galileo Ct., Suite 103
 Davis, CA 95618
 (530) 757-3650
www.ysaqmd.org

EMPLOYMENT APPLICATION

| | | |
|--|---|-----------------------|
| Name: _____ | | |
| <i>Last</i> | <i>First</i> | <i>Middle Initial</i> |
| Business Phone: _____ | Upon an offer of employment, social security number will need to be submitted to Human Resources. | |
| Home/Cell Phone: _____ | | |
| Email Address: _____ | | |
| Mailing Address: _____ | | |
| <i>Number and Street</i> | <i>City/State/Zip Code</i> | |
| Job Title: I am applying for the position of: _____ | | |

GENERAL INFORMATION

| | | |
|--|--------|-------|
| Are you now or have you ever been employed by the District? If yes, give dates and position: | Yes___ | No___ |
| List any relatives employed by Yolo-Solano AQMD: | | |
| If hired, can you provide proof of the right to work in the U.S.? If no, explain why in an attached cover letter. | Yes___ | No___ |
| 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 grounds 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.

| High School Graduate: Yes___ No___ If no, GED: Yes___ No___ | | | |
|--|-----------------------|----------------------------------|--------------------|
| Name and Address of College, University, Business, or Trade School Attended | Major Course of Study | Units Completed Semester/Quarter | List Degree Earned |
| | | | |
| | | | |
| 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 instructed otherwise, resumes will not be accepted in lieu of completing this section of the application.** May we contact all employers listed? Yes___ No___

Indicate exceptions: _____

| | | | |
|---|-----|---------------------|---------------------------|
| Name of Employer: | | Phone Number: | |
| Address: | | | |
| Employed From: | To: | Position Title: | Full Time___ Part Time___ |
| Name and Title of Supervisor: | | Reason for Leaving: | |
| Job Titles and Duties: | | | |
| Indicate the number of employees you had direct supervision over: _____ | | | |
| Name of Employer: | | Phone Number: | |
| Address: | | | |
| Employed From: | To: | Position Title: | Full Time___ Part Time___ |
| Name and Title of Supervisor: | | Reason for Leaving: | |
| Job Titles and Duties: | | | |
| Indicate the number of employees you had direct supervision over: _____ | | | |
| Name of Employer: | | Phone Number: | |
| Address: | | | |
| Employed From: | To: | Position Title: | Full Time___ Part Time___ |
| Name and Title of Supervisor: | | Reason for Leaving: | |
| Job Titles and Duties: | | | |
| Indicate the number of employees you had direct supervision over: _____ | | | |

READ THIS STATEMENT BEFORE SIGNING: I authorize investigation of all statements in this application form if I'm considered for employment. I understand that employment is conditioned upon successfully passing a post offer drug screen and 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 I am 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 and either of us may terminate our work relationship for any reason; and I further understand that if I shall be employed in a non-exempt position, my employment will be on a probationary basis and either of us may terminate our work relationship during this probationary period for any reason.

Applicant's Signature: _____ Date: _____
(Original Signature Required)