Yolo-Solano Air Quality Management District 1947 Galileo Court, Suite 103 Davis, CA 95618 (530) 757-3650	Applications must be received by 4:00 p.m. of the final filing date specified on job announcement. Postmarks and faxes <u>are not</u> accepted. Complete all items on the application. Use fill-in form in PDF or print in ink. Incomplete or illegible applications will not be considered. Keep the District informed of any change of address.

EMPLOYMENT APPLICATION

Name: _____
Last *First* *Middle Initial*

Business Phone: _____

Home/Cell Phone: _____

Email Address: _____

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

Mailing Address: _____
Number and Street *City/State/Zip Code*

Job Title: I am applying for: _____

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:_____

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EMPLOYMENT HISTORY

<u>Begin with your most recent job</u>. List each job separately. **Use additional sheets if more space is necessary using the same format. Resumes <u>will not</u> 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 No.: (__ __ __) __ __ __-__ __ __ __
Address:		
Dates Employed From: To:	Position Title:	Monthly Salary: $ 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 No.: (__ __ __) __ __ __-__ __ __ __
Address:		
Dates Employed From: To:	Position Title:	Monthly Salary: $ 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 No.: (__ __ __) __ __ __-__ __ __ __
Address:		
Dates Employed From: To:	Position Title:	Monthly Salary: $ 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 further understand that if I shall be employed, my employment will be on a probationary basis and either of us may terminate our work relationship during this probationary period for any reason.

Date: _____ Applicant's Signature: _____

(Original Signature Required)