



**Town of Discovery  
Bay CSD**  
1800 Willow Lake Road  
Discovery Bay, CA 94505-9376  
Telephone 925-634-1131

**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

The Town of Discovery Bay Community Services District (DBCSD) does not discriminate against any applicant for employment on the basis of age, gender, race, religious belief, national origin, marital status, physical or mental disability, ancestry, color, sexual orientation, or any other classifications protected by law.

<b>POSITION APPLYING FOR:</b>			<b>TODAY'S DATE:</b>		
NAME Last		First		Middle	
ADDRESS Number	Street		City/State/Zip		
PHONE #	CELL/ALTERNATE #		E-MAIL ADDRESS		
Name any relatives working at Town of Discovery Bay CSD and their relationship to you:			Have you ever been invited in for a skills exercise at DBCSD? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, when? MO YR		
Are you over 18 years of age? <input type="checkbox"/> NO <input type="checkbox"/> YES			Have you ever been invited in for an Interview at DBCSD? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, when? MO YR		
Have you ever been fired or asked to resign from any position? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, when, where, and what were the circumstances?					

**EDUCATION:** Check highest grade completed: 8 9 10 11 12 G.E.D. COLLEGE: 1 2 3 4 5 6

Starting with High School, list all schools and special training below:

SCHOOL, CITY AND STATE	DEGREE, CERTIFICATE, OR SPECIAL COURSE WORK

**SPECIAL JOB SKILLS & OTHER INFORMATION:** (i.e.: typing, knowledge of computer systems and common software packages, special tools or equipment you can operate, any occupational licenses or water-related certificates held, why interested in this position, etc.)

How were you referred to us? (please check box)			<input type="checkbox"/> Town of Discovery Bay website <input type="checkbox"/> Other website		
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Current Employee (name)	<input type="checkbox"/> Newspaper (name)	<input type="checkbox"/> Other (specify)		

**EXPERIENCE:** This section must be filled out completely. Do not omit information. **A resume is not sufficient.** Account for all periods of employment full time or part time, for the **previous 15 years**, including volunteer or military positions. **Positions held prior to the last 15 years should be listed if directly related to the position for which you are applying.** Please describe activities during any periods of unemployment. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. Attach a separate sheet of paper if necessary.

FROM Month/Year	TO Month/Year	TITLE OF POSITION:
EMPLOYER NAME, ADDRESS AND PHONE #::		SPECIFIC DUTIES:
NAME OF IMMEDIATE SUPERVISOR:		EXPLAIN: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Current Employer <input type="checkbox"/> Reason for leaving or wanting to leave:
SUPERVISOR'S PHONE #:		
SUPERVISOR'S TITLE:		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM Month/Year	TO Month/Year	TITLE OF POSITION:
EMPLOYER NAME, ADDRESS AND PHONE #::		SPECIFIC DUTIES:
NAME OF IMMEDIATE SUPERVISOR:		EXPLAIN: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Current Employer <input type="checkbox"/> Reason for leaving or wanting to leave:
SUPERVISOR'S PHONE #:		
SUPERVISOR'S TITLE:		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM Month/Year	TO Month/Year	TITLE OF POSITION:
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NAME OF IMMEDIATE SUPERVISOR:		EXPLAIN: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Current Employer <input type="checkbox"/> Reason for leaving or wanting to leave:
SUPERVISOR'S PHONE #:		
SUPERVISOR'S TITLE:		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM Month/Year	TO Month/Year	TITLE OF POSITION:
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NAME OF IMMEDIATE SUPERVISOR:		EXPLAIN: Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge <input type="checkbox"/> Current Employer <input type="checkbox"/> Reason for leaving or wanting to leave:
SUPERVISOR'S PHONE #:		
SUPERVISOR'S TITLE:		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO

**PLEASE READ CAREFULLY**

I hereby affirm that the answers and statements provided in this application are true and correct, and I authorize the District to investigate any information provided by me on this application. I understand that misrepresentation, falsification, or omission of information may result in refusal to hire, or my discharge, and that my employment will be subject to verification of conviction records, a negative drug test, and proof of authorization to work in the United States.

I authorize and release my previous employers to release to Town of Discovery Bay Community Services District information relating to my employment with them, including but not limited to job performance, attendance, dates of employment, salary, and reason for termination. I authorize all schools which I have attended to furnish the District with transcripts of my scholastic record and verification of graduation date. I hereby release the District from any liability resulting from the above mentioned investigation.

Signature \_\_\_\_\_

Date

Rev: 12/05/2017