



29 Emmons Park Dr.

Taft, California 93268 (661) 763-7700

MANAGEMENT EMPLOYMENT APPLICATION

Position Applied For: _____

Personal:

Name (Last) _____ First _____ Middle _____ Social Security Number
(Voluntary for applicants)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: Day _____ Evening _____ Cell _____

Telephone: Other (please specify) _____ E-mail Address: _____

Do you have any existing physical or mental conditions that would prevent you from performing the essential functions of the position for which you are applying? Yes _____ No _____

If yes, please describe this condition: _____

Have you ever been convicted, pled guilty to or pled no contest to any criminal offense by any court? [] Yes [] No

(Please be aware that certain offenses need not be reported as delineated in the California Code of Regulations, Title 2, Section 7287.4. Having a criminal record does not necessarily disqualify you for employment. Each case is given individual consideration, based upon job-related criteria. However a conviction for a sexual offense or controlled substance as specified in Education Code, Sections 87010 and 87011 will automatically disqualify an applicant for employment.)

If yes, please note the date and nature of crime(s) _____

Are you related by blood or marriage to any person(s) presently employed by the District? [] Yes [] No

If yes, give name(s) of relative(s) _____

Education: (Professional Preparation Beyond High School)

Institution Name, City, State	Major	Degree/Certificate

Work Experience:

(Start with your present or most recent job and proceed in chronological order. Please fill out completely. Stating "see resume" will deem your application incomplete. The committee will not accept incomplete applications.)

Employer	Dates Employed From: To:	Work Performed
Address Telephone ()		
Job Title	Salary Start: End:	
Supervisor		
Reason for Leaving	Hours per week:	

Employer	Dates Employed From: To:	Work Performed
Address Telephone ()		
Job Title	Salary Start: End:	
Supervisor		
Reason for Leaving	Hours per week:	

Employer	Dates Employed From: To:	Work Performed
Address Telephone ()		
Job Title	Salary Start: End:	
Supervisor		
Reason for Leaving	Hours per week:	

Employer	Dates Employed From: To:	Work Performed
Address Telephone ()		
Job Title	Salary Start: End:	
Supervisor		
Reason for Leaving	Hours per week:	

Employer	Dates Employed From: To:	Work Performed
Address Telephone ()		
Job Title	Salary Start: End:	
Supervisor		
Reason for Leaving	Hours per week:	

Skills and Training: (Indicate specific Computer Applications in which you are proficient in and other skills and training directly related to the position for which you are applying.)

Professional, Organizational and Community Affiliations, Awards and Honors:

Professional References: (Individuals not related to you who are familiar with your performance and qualifications)

Name	Street Address/P.O. Box, City, State Zip	
Occupation/Organization	Job Title	Telephone
		()

Name	Street Address/P.O. Box, City, State Zip	
Occupation/Organization	Job Title	Telephone
		()

Name	Street Address/P.O. Box, City, State Zip	
Occupation/Organization	Job Title	Telephone
		()

As part of the WKCCD recruitment process, previous employment of finalist candidates will be verified prior to formal recommendation of employment. Please indicate your preference of the following:

- I give my approval to verify all information, employers and educational institutions and to contact references contained on this application and/or any supplement as may be necessary in arriving at an employment decision.
- I give my approval to verify all information, employers and educational institutions and to contact references contained on this application and/or any supplement as may be necessary in arriving at an employment decision; however, I wish to be notified first before the District makes the contacts.

At the time of employment, all persons must prove eligibility to work in the United States and sign an Oath of Allegiance supporting the Constitution of the United States and State of California. The applicant must also complete other State and District screening and/or exams, for example submitting to a criminal history background check, providing proof of clearance for TB, passing a pre-employment physical exam, etc.)

I certify that all statements made on this application and any supporting documents are true and correct to the best of my knowledge. I understand falsification or omission of facts may be sufficient cause for non-employment or for dismissal if employed, regardless of the date of discovery.

Signature: _____

Date: _____