

APPLICATION FOR EMPLOYMENT

PALO ALTO COUNTY CONSERVATION BOARD

An Equal Opportunity Employer

PERSONAL DATA:

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____ **TELEPHONE** _____

WHAT IS YOUR GENERAL PHYSICAL CONDITION? **Excellent** **Good** **Fair**

Describe any physical disabilities which could hinder you in the performance of the position for which you are applying:

Education and Training			
	Number of years Completed	Dates Attended	Did you Graduate?
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
POST GRADUATE			

List any special training (vocational schools, short courses, workshops, etc.) that you might have that would aid in the performance of the position you are applying:

List specific machinery operation or special skills in which you are competent:

REFERENCES: List the name, title, address of three persons with knowledge of your character, experience and ability. Do not list relatives.

	Name	Title	Address	Telephone
1.				
2.				
3.				

EMPLOYMENT RECORD: Begin with present or most recent employer for the past 15 years. Attach additional sheets if necessary.

1.	Dates employed	
	Position held	
	Starting monthly salary	
	Final monthly salary	
	Name of employer	
	Address of employer	
	Name of Supervisor and title	
	Description of Duties	

2.	Dates employed	
	Position held	
	Starting monthly salary	
	Final monthly salary	
	Name of employer	
	Address of employer	
	Name of Supervisor and title	
	Description of Duties	

3.	Dates employed	
	Position held	
	Starting monthly salary	
	Final monthly salary	
	Name of employer	
	Address of employer	
	Name of Supervisor and title	
	Description of Duties	

CERTIFICATION OF APPLICANT - Read Carefully

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected. I will be dismissed from the service, and I will be disqualified from applying for any positions with the County of Palo Alto. I further authorize the County of Palo Alto to make necessary and appropriate investigations to verify the information contained herein.

Date: _____ Signature of Applicant _____