

EDUCATION, TRAINING AND EXPERIENCE (continued):

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Santa Cruz Port District? _____

EMPLOYMENT HISTORY:

List below all present and past employment, starting with your most recent employer.

(Note: This information is required in addition to any resume or supplemental materials submitted).

Name of Employer: _____

Address: _____
Street City State Zip

Telephone Number: () _____ Supervisor's Name *(if applicable)* _____

Type of Business: _____

Your Position Title and Associated Duties: _____

Date of Employment: From: _____ To: _____

Salary: Starting: _____ Ending: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (continued):

List below all present and past employment, starting with your most recent employer.

(Note: This information is required in addition to any resume or supplemental materials submitted).

Name of Employer: _____

Address: _____

Street

City

State

Zip

Telephone Number: () _____ Supervisor's Name (if applicable) _____

Type of Business: _____

Your Position Title and Associated Duties: _____

Date of Employment: From: _____ To: _____

Salary: Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Street

City

State

Zip

Telephone Number: () _____ Supervisor's Name (if applicable) _____

Type of Business: _____

Your Position Title and Associated Duties: _____

Date of Employment: From: _____ To: _____

Salary: Starting: _____ Ending: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (continued):

List below all present and past employment, starting with your most recent employer.

(Note: This information is required in addition to any resume or supplemental materials submitted).

Name of Employer: _____

Address: _____

Street

City

State

Zip

Telephone Number: () _____ Supervisor's Name (if applicable) _____

Type of Business: _____

Your Position Title and Associated Duties: _____

Date of Employment: From: _____ To: _____

Salary: Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Street

City

State

Zip

Telephone Number: () _____ Supervisor's Name (if applicable) _____

Type of Business: _____

Your Position Title and Associated Duties: _____

Date of Employment: From: _____ To: _____

Salary: Starting: _____ Ending: _____

Reason for Leaving: _____

PLEASE READ AND SIGN BELOW:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment may be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Santa Cruz Port District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further, authorize my former employers to disclose to the Port District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Port District, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Port District. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, for any reason, at the option of either myself or the Port District, and that no promises or representations contrary to the foregoing are binding on the Port District unless made in writing and signed by me and the Port District’s designated representative.

NOTE: The Port District has a policy authorizing a physician’s physical fitness exam, together with drug testing of persons who have been offered employment. Individuals who are determined by the physical not to be physically fit for duty, or who test positive for controlled substances, will not be employed. If you have reason to believe that you will not pass a physician’s physical examination, or will test positive for the presence of controlled substances, or you are unwilling to consent to such an examination or test if offered employment, it is recommended that you not submit an application.

Applicant’s Signature

Date

EMERGENCY NOTIFICATION:

In case of emergency, please contact:

Name

Relationship

Address

Telephone

Name

Relationship

Address

Telephone

Santa Cruz Port District is an equal opportunity employer.