

# Employment Application

## FEATHER RIVER AIR QUALITY MANAGEMENT DISTRICT

541 WASHINGTON AVENUE, YUBA CITY, CA 95991

PHONE (530) 634-7659 FAX (530) 634-7660

WEB SITE: www.fraqmd.org E-MAIL: fraqmd@fraqmd.org

### An Equal Opportunity Employer

<b>Type or print legibly. This application is part of the examination process. Incomplete or illegible applications will not be considered. Make copies of any information you submit and wish to keep.</b>		
<b>Job Title</b> (Specify: Air Quality Compliance Specialist I, Air Quality Compliance Specialist II, etc.)		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Street and/or Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone</b>	<b>Email</b>	<b>Social Security Number (Optional)</b>
<p>1. I am interested in:    Full Time <input type="checkbox"/>    Part Time <input type="checkbox"/>    Temporary <input type="checkbox"/></p> <p>2. I am 18 - 20 years of age <input type="checkbox"/>    I am 21 years of age or over <input type="checkbox"/></p> <p>3. If the position requires a valid driver's license, please complete the following information:          State _____ Number _____ Class _____ Expiration Date _____</p> <p>4. <b>LICENSE OR CERTIFICATE.</b> If you possess a license or certificate which is a requirement for the position, please provide the following information:          Issuing Agency _____ Title _____          Number _____ Expiration Date _____</p> <p>5. <b>FOR BILINGUAL POSITIONS ONLY.</b> What language(s), other than English, do you speak and/or write?          Speak _____ Write _____</p> <p>6. Have you ever been discharged or forced to resign from any job? Yes <input type="checkbox"/> No <input type="checkbox"/>          If "YES", please explain. _____</p> <p>7. Are you currently or have you ever worked for the District? Yes <input type="checkbox"/> No <input type="checkbox"/>          If "YES", please indicate position title and department. _____          If you previously worked for the District under another name, please indicate: _____</p> <p>8. Are you related by blood or marriage to any person(s) presently employed by the District? Yes <input type="checkbox"/> No <input type="checkbox"/>          (District rules prohibit certain employment of relatives.)</p> <p>9. Some District positions require weekend and/or shift work. Please indicate any hours, shifts, or days you cannot or will not work: _____</p>		
<b>FOR PERSONNEL USE ONLY</b>		
Meets MQs: Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____                      Date _____ Comments: _____		

### Education

College or University Attended	Major	Semester Units Earned	Quarter Units Earned	Degree Earned & Date

### Experience

**DO NOT INDICATE "SEE RESUME."** Resumes are not acceptable as substitutes for any part of the application. Begin with your most recent experience and list all experience for the last ten years. Describe your skills, knowledge and abilities completely as they relate to the position you are applying for. **ADDITIONAL PAGES MAY BE ATTACHED.**

Employment Dates and Salaries	Occupation and Description of Duties	Employer Information
A. Month/Day/Year From: To: Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: Your Duties:	Employer: Address: City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____
B. Month/Day/Year From: To: Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: Your Duties:	Employer: Address: City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____
C. Month/Day/Year From: To: Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: Your Duties:	Employer: Address: City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____
D. Month/Day/Year From: To: Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: Your Duties:	Employer: Address: City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____
E. Month/Day/Year From: To: Salary: _____ No. of People Supervised: _____ Hours per Week: _____	Your Title: Your Duties:	Employer: Address: City/State: _____ Supervisor: _____ Phone: _____ Reason for Leaving: _____

#### CERTIFICATION AND AGREEMENT OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS ARE TRUE IN ALL RESPECTS AND I UNDERSTAND AND AGREE THAT MISSTATEMENTS AND OR OMISSIONS OF ANY MATERIAL FACT MAY BE CAUSE FOR DISQUALIFICATION OR DISMISSAL. I ALSO GRANT PERMISSION FOR THE DISTRICT TO VERIFY ANY AND ALL INFORMATION CONTAINED WITHIN BY CONTACTING CURRENT AND FORMER EMPLOYERS, SCHOOLS, REFERENCES AND ANY OTHER PERSON. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. (YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED UNLESS YOU ARE BEING CONSIDERED AS A FINALIST IN THE RECRUITMENT PROCESS.) I UNDERSTAND AND AGREE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT MY APPLICATION IS RECEIVED BY THE DISTRICT PERSONNEL DEPARTMENT NO LATER THAN 5:00 P.M. ON THE FINAL FILING DATE. POSTMARKS WILL NOT BE ACCEPTED. I UNDERSTAND THAT PRIOR TO BEING OFFERED EMPLOYMENT WITH THE DISTRICT I MAY BE REQUESTED TO TAKE A JOB RELATED WRITTEN EXAMINATION, PERFORMANCE/SKILLS TEST, PHYSICAL AGILITY TEST AND/OR PARTICIPATE IN ORAL INTERVIEW (S). IN THE EVENT THAT I BELIEVE I HAVE A DISABILITY WHICH WILL AFFECT MY ABILITY TO TAKE ANY TEST, I WILL SO INFORM THE DISTRICT PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT IT CAN BE DETERMINED IF A REASONABLE ACCOMMODATION IS AVAILABLE WHICH WILL FACILITATE MY TAKING THE TEST. REQUESTED ACCOMMODATIONS MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS AND ACCESSIBLE TESTING FORMATS. THE DISTRICT RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR ACCOMMODATION. I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE DISTRICT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED PREPLACEMENT MEDICAL REVIEW/EXAMINATION WHICH MAY INCLUDE DRUG TESTING AND MY FURNISHING DOCUMENTATION EVIDENCING EMPLOYMENT AUTHORIZATION IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA). A BACKGROUND INVESTIGATION, INCLUDING FINGERPRINTING, WILL BE REQUIRED FOR SOME POSITIONS. I UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE DISTRICT DOES NOT OCCUR UNTIL THE APPOINTING AUTHORITY AND THE PERSONNEL DEPARTMENT COMPLETE A PAYROLL PERSONNEL FORM (PPF) APPOINTING ME TO A POSITION FOLLOWING SUCCESSFUL COMPLETION OF ALL EMPLOYMENT PROCEDURES. UNTIL FORMAL APPOINTMENT IS MADE IN THIS MANNER, ANY OFFERS OF EMPLOYMENT ARE CONDITIONAL AND PRELIMINARY AND MAY BE WITHDRAWN BY THE DISTRICT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Completion of this form is strictly voluntary. This form will be detached and kept separate and confidential from the application. Information provided on this form will not be considered in any employment decision.

Position Applied for:	Date:
Age Group: <input type="checkbox"/> 21 or under <input type="checkbox"/> 22 to 39 <input type="checkbox"/> 40 to 70 <input type="checkbox"/> 71 or older	Social Security Number:
Please indicate how you became aware of this job opportunity. (Check one or more)	
<input type="checkbox"/> (A) Appeal Democrat <input type="checkbox"/> (B) Sacramento Bee <input type="checkbox"/> (C) Beale High Flyer <input type="checkbox"/> (D) Reno Gazette Journal <input type="checkbox"/> (E) The Union (Grass Valley) <input type="checkbox"/> (F) Jobs Available Publication <input type="checkbox"/> (G) Listing at Sutter County Personnel Department <input type="checkbox"/> (H) Listing at Yuba County Personnel Department	<input type="checkbox"/> (I) FRAQMD's Web Site <input type="checkbox"/> (J) Internet (web site address/name) <input type="checkbox"/> (K) CSAC Web Site <input type="checkbox"/> (L) Employment Development Department <input type="checkbox"/> (M) FRAQMD Employee, Friend or Relative <input type="checkbox"/> (N) Bulletin Board (where) _____ <input type="checkbox"/> (O) Other (please specify) _____

Completion of this section is optional. State law prohibits the use of this information for other than statistical purposes.

MALE  FEMALE

**Race/Ethnic Identification**

**WHITE, not of Hispanic Origin.** A person having origins in any of the original people of Europe, North Africa or the Middle East.

**BLACK, not of Hispanic Origin.** A person having origins in any of the black racial groups of Africa.

**HISPANIC.** A person of Mexican, Puerto Rican, Cuban, Central of South American or other Spanish Culture of origin, regardless of race.

**ASIAN OR PACIFIC ISLANDER.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

**AMERICAN INDIAN OR ALASKAN NATIVE.** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**OTHER.** Please Specify \_\_\_\_\_