



Ventura Regional Sanitation District  
 4105 West Gonzales Road, Oxnard, CA 93036  
 Telephone: (805) 658-4638

For Office Use Only

**EMPLOYMENT APPLICATION**  
 (Equal Opportunity Employer – Drug Free Workplace)

Position applying for: \_\_\_\_\_

**INSTRUCTIONS:** This application is part of the selection process. Please type or print all answers accurately and legibly in dark ink. If you need additional space, or wish to provide additional pertinent information, please attach extra sheets. Please provide all information requested; **do not substitute a resume.** Applicants may request accommodation to participate in the application process by contacting the Human Resources Office at (805) 658-4638. Once the application is completed you can email it to [HumanResources@vrsd.com](mailto:HumanResources@vrsd.com), or mail the application to 4105 West Gonzales Road, Oxnard, CA 93036.

**1. Contact Information:**

Name: _____	Phone Numbers:
Address: _____ _____ _____	Home: (    ) _____ Cell: (    ) _____ Business: (    ) _____
E-mail Address: _____	

2. Do you have any relatives who work for the District?     Yes     No    If Yes, please give name(s) and relationship(s):  
 \_\_\_\_\_

3. Are you over 18 years of age?                     Yes                     No

4. After employment, can you submit verification of your legal right to work in the United States?     Yes     No

5. Do you have a valid driver's license?             Yes     No                    State: \_\_\_\_\_  
 Number: \_\_\_\_\_                    Class: \_\_\_\_\_                    Expiration Date: \_\_\_\_\_

6. Are you willing to relocate?     Yes                     No

7. Types of positions you will accept     Regular     Part-time     Temporary

**8. Education:** List all educational information.

Circle highest level completed:	8	9	10	11	12	Some College	AA/AS	BA/BS	Masters	Doctorate
Name of College/University						Location (City/State)	Degree (If no degree, number of units completed)			Major

List all professional licenses/certificates relevant to the position.

Professional License/Certificate	License/Certificate Number (If applicable)	Granting Agency	Expiration Date

9. **EMPLOYMENT HISTORY:** Starting with your most recent position, list all work experience for the past ten years with your present or most recent position. Include relevant volunteer experience. Accounts for all periods of unemployment. **(Use additional sheets as necessary to account for the past ten years.) Do not substitute a resume or write “see resume.”** (A resume may be attached as a supplement to this application.)

Most Recent Employer:		Your title:
Address:		
Supervisor:	List Duties:	
May we contact this employer to verify information? <input type="checkbox"/> contact any time <input type="checkbox"/> contact at a later date		
Dates of Employment (mo/yr) From:                      To:		
Work number:		
Hours worked per week:		
No. of employees supervised:		
Reason for leaving:		

Previous Employer:		Your title:
Address:		
Supervisor:	List Duties:	
May we contact this employer to verify information? <input type="checkbox"/> contact any time <input type="checkbox"/> contact at a later date		
Dates of Employment (mo/yr) From:                      To:		
Work number:		
Hours worked per week:		
No. of employees supervised:		
Reason for leaving:		

Previous Employer:		Your title:
Address:		
Supervisor:	List Duties:	
May we contact this employer to verify information? <input type="checkbox"/> contact any time <input type="checkbox"/> contact at a later date		
Dates of Employment (mo/yr) From:                      To:		
Work number:		
Hours worked per week:		
No. of employees supervised:		
Reason for leaving:		

Previous Employer:		Your title:	
Address:			
Supervisor:	List Duties:		
May we contact this employer to verify information? <input type="checkbox"/> contact any time <input type="checkbox"/> contact at a later date			
Dates of Employment (mo/yr) From:                      To:			Work number:
Hours worked per week:			No. of employees supervised:
Reason for leaving:			

10. **REFERENCES:** Please provide name and address of two people, not relatives, who have knowledge of your skills, experience and abilities.

Name	Address	Phone Number	Email address
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Name	Address	Phone Number	Email address
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I have carefully read this application and any attachment or resume which is attached hereto or which is submitted in support of this application. I declare under penalty of perjury that all information contained in this application and any attachment or resume submitted in support of my application, is true and correct to the best of my knowledge and belief. I understand, acknowledge and agree that any false statement, misstatement or omission of a material fact made in this application or in connection with the application process, is grounds, in the sole and exclusive discretion of the District, for disqualification from further consideration for the position or positions for which I have applied. I also understand, acknowledge and agree that any false statement, misstatement, or omission of fact made in this application, or in connection with the application process, may result in forfeiture of my employment with the District, even if discovered after I have accepted employment with the District.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_