

North County Cemetery District

Application for Employment

Return Completed Application To:
 North County Cemetery District
 2640 Glenridge Road
 Escondido, CA 92027
 NorthCountyCemeteryDistrict@Yahoo.Com

Last Name	First Name	MI	Exact Title of Position for Which You are Applying		
Street Address		Apt.#	City	State	Zip
Home Phone ()	Mobile Phone ()	Email Address			
Driver's License: Select the valid California Driver's License you have: <input type="checkbox"/> Class A (Heavy Truck) <input type="checkbox"/> Class B (Buses) <input type="checkbox"/> Class C (Auto/Light Truck) <input type="checkbox"/> No License					
License Number:			Expires:		
Languages: (Other than English) in which you are fluent:					
Education: Highest grade level completed: _____ High School Attended: _____ Select the degree(s)/certificate(s) you have earned: <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Proficiency Test <input type="checkbox"/> G.E.D. <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Post Graduate Degree					
College/University: Include the name of the college/university attended, major course of study, and type of degree:					
Other Training Completed: Include agency providing training and length of training.					
Professional License/Certification: Include license/certification possessed, number, issued by, and expiration date.					
Job Related Equipment Operated:					
Work Experience: Your experience is important! It determines your success in competing with other job applicants. List most recent experience first. Employer: _____ Position Held: _____ Dates of Employment: From _____ To _____ Address: _____ City: _____ State: _____ Zip: _____ Hours per week: _____ Name of Supervisor: _____ Employer Phone Number: _____ Reason for Leaving: _____ Duties: _____					

Employer: _____ Position Held: _____ Dates of Employment: From _____ To _____
Address: _____ City: _____ State: _____ Zip: _____
Hours per week: _____ Name of Supervisor: _____ Employer Phone Number: _____
Reason for Leaving: _____
Duties: _____

Employer: _____ Position Held: _____ Dates of Employment: From _____ To _____
Address: _____ City: _____ State: _____ Zip: _____
Hours per week: _____ Name of Supervisor: _____ Employer Phone Number: _____
Reason for Leaving: _____
Duties: _____

Employer: _____ Position Held: _____ Dates of Employment: From _____ To _____
Address: _____ City: _____ State: _____ Zip: _____
Hours per week: _____ Name of Supervisor: _____ Employer Phone Number: _____
Reason for Leaving: _____
Duties: _____

If you wish to submit additional work experience and/or a resume, please attach additional pages as necessary.

May we contact your employer? YES NO

CERTIFICATE OF APPLICANT: I certify that the information in this application (and any attachments) is true and correct to the best of my knowledge, and I agree to having these statements checked by the District. I understand that any misrepresentations or material omission may result in my failure to receive an offer or, if I am hired, in my dismissal. I authorize my personal references and supervisors to provide information about my previous employment.

I FURTHER UNDERSTAND AND AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT ADVANCE NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE DISTRICT. No representative of the District other than the District Manager has any authority to agree to the contrary. Further, no representative of the District may alter the at-will nature of the employment unless it is done specifically in a written agreement signed by me and the District Manager.

I understand that any offer of employment is conditioned on my providing satisfactory proof of my identity and legal authority to work in the United States.

Signature: _____ Date: _____