



# EMPLOYMENT APPLICATION SOLANO CEMETERY DISTRICT

*We are an Equal Opportunity Employer*

*Application only active for 60 days*

***Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.***

*Please Print Clearly:*

Applicant Name \_\_\_\_\_ Position Applied For \_\_\_\_\_ (list only one)

Telephone Number ( ) \_\_\_\_\_ Alternate/Cellular Telephone Number ( ) \_\_\_\_\_

Present Address \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_

*Street*

How long have you lived there \_\_\_ / \_\_\_ Years/Months

*City*

*State*

*Zip*

Email Address (optional) \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes \_\_\_ No \_\_\_

Type of employment desired? Full-time \_\_\_ Part-time \_\_\_ (Specify Available Hours) \_\_\_\_\_

Are you willing to work on weekends? Yes \_\_\_ No \_\_\_

Are you willing to work overtime? Yes \_\_\_ No \_\_\_ Date on which you can start work if hired \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_ No \_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_

*(If under 18, hire is subject to verification that you are of minimum legal age)*

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be performed:

(Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you previously applied for employment with this Company? Yes \_\_\_ No \_\_\_

If Yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by this Company? Yes \_\_\_ No \_\_\_

If Yes, provide dates of employment, location and reason for separation from employment. \_\_\_\_\_

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

## WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self - employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see *resume*."

### Employer

\_\_\_\_\_

**Name** \_\_\_\_\_ **Street-City-State-Zip** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

If No, why not? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

Were you ever disciplined? If so, for what \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

### Employer

\_\_\_\_\_

**Name** \_\_\_\_\_ **Street-City-State-Zip** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

If No, why not? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

Were you ever disciplined? If so, for what \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

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## Employer

<hr/> <b>Name</b>	<hr/> <b>Street-City-State-Zip</b>	<hr/> <b>Type of Business</b>
Telephone (        ) _____	Dates Employed: From _____	To _____
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? ___ Yes ___ No	
If No, why not? _____		
Reason for Leaving _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what _____		
How much notice did you give when resigning? If none, explain. _____		

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Have you ever been terminated or asked to resign from any job?      \_\_\_ Yes \_\_\_ No      If Yes, how many times? \_\_\_

Has your employment ever been terminated by mutual agreement?      \_\_\_ Yes \_\_\_ No      If Yes, how many times? \_\_\_

Have you ever been given the choice to resign rather than be terminated?      \_\_\_ Yes \_\_\_ No      If Yes, how many times? \_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES [Optional]

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	SCHOOL	WORK RELATIONSHIP {i.e. supervisor, co-worker}	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

**DRIVING INFORMATION [Optional]** (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license?  Yes  No If yes, License No.: \_\_\_\_\_ State: \_\_\_\_\_

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

If you do not have a driver's license for the state in which you currently reside, why not?  
\_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No If yes, explain:  
\_\_\_\_\_

Do you have personal automobile insurance?  Yes  No If no, explain:  
\_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?  Yes  No If yes, explain:  
\_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:  
\_\_\_\_\_

OFFENSE	DATE	LOCATION	COMMENTS

**APPLICANT CERTIFICATION**

**Please Read Carefully, Initial Each Paragraph 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 shall 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 Solano Cemetery District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the Company 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 Company, 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 or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is "AT-WILL" and is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_ I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

\_\_\_\_ I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If** the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to the Company personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**