



**FRESNO METROPOLITAN
FLOOD CONTROL DISTRICT**
5469 E. Olive Avenue
Fresno, CA 93727
Telephone: (559) 456-3292

Date of Application: _____ Position Applying For: _____

1. NAME (First, MI, Last) _____

2. Present Address _____ Telephone No. _____

3. City & State _____ Zip _____ Cell/Message No. _____

How did you hear about this job? _____

Email Address: _____

APPLICATION FOR EMPLOYMENT

Application Must be Printed in Ink or Typewritten

Application Acceptance Policy: A complete application is required. Every applicable blank must be filled in to ensure proper evaluation. Resumes are viewed as additional information and will not be used to ascertain minimum requirements.

4. Do you currently possess a valid Driver's License? Yes No If yes, State _____, Exp. _____

Completion of this question is required only if the position for which you are applying requires possession of a valid California Driver's License.

5. If you possess any professional license or certificate, give the following information:

Title _____ Issuing State _____

License No. _____ Date Expires _____

6. Job Related Organizations in which you hold membership:

7. Have you acquired any particular skills in military service which would be relevant to the position sought Yes No

If YES, please describe _____

8. Are you over eighteen years of age? Yes No

9. Can you, if employed, submit verification of your legal right to work in the United States? Yes No

10. Can you, with or without an accommodation, perform the essential functions of the job? Yes No

Please describe any accommodation you need in order to perform the essential job functions:

11. Have you ever been convicted of a felony or misdemeanor? Yes No

(An affirmative response does not necessarily disqualify the applicant.)

12. Did you graduate from High School, pass the State High School Equivalency Exam, or do you possess a GED High School Level Certificate? Yes No

Name of High School _____ Location of School _____

Colleges and Schools attended after High School:

NAME (In listing, indicate if graduate school or college and where located)	Major	Years Attended		Did You Graduate?	Total Units or Hours	Degrees Received and Year Received
		From	To			

13. Employment History: (a) Show your present or most recent job first, (b) Use a separate block for each job title (even those with same employer), (c) Check boxes if employment gave you specific experience to meet requirements for the position you are applying for. Be sure to complete ALL information requested.

Your Job Title: _____ Last Salary _____ Employer's Name _____
 Your Duties: _____ Address _____
 From To City, State, Zip _____
 Mo Day Yr Mo Day Yr Supervisor _____
 Reason for Leaving _____ Phone Number _____

Your Job Title: _____ Last Salary _____ Employer's Name _____
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 Your Duties: _____ Address _____
 From To City, State, Zip _____
 Mo Day Yr Mo Day Yr Supervisor _____
 Reason for Leaving _____ Phone Number _____

14. REFERENCES (Include only those individuals who have direct experience working with you)

Name and Occupation	Primary Telephone	Cell Phone
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

The Fresno Metropolitan Flood Control District is an Equal Opportunity Employer. The District conducts post-offer, pre-employment drug screens. Employees are subject to drug/alcohol screens per the U.S. Department of Transportation and/or District policy. CERTIFICATE OF APPLICANT (Read this statement carefully before signing): I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact will cause forfeiture of my rights to employment by the Fresno Metropolitan Flood Control District.

Your Signature _____ Date _____