



# Pebble Beach Community Services District (PBCSD)

3101 Forest Lake Road, Pebble Beach, CA 93953

(831) 373-1274

[employment@pbcsd.org](mailto:employment@pbcsd.org)

[www.pbcsd.org](http://www.pbcsd.org)

## Application for Employment

PLEASE PRINT

Equal opportunity to programs, services, and employment is accessible to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Office.

Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone \_\_\_\_\_ Mobile/Other Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you find out about this position: \_\_\_\_\_

Do you have a legal right to be permanently employed in the U.S.?  Yes  No Federal law requires that all new employees furnish documentation verifying their identity and authorization to work in the United States at the time of appointment.

List any relatives currently employed by the Pebble Beach Community Services District and their relationship to you:  
\_\_\_\_\_

Have you submitted an application here before?  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_

Driver's license number (driving is an essential job function) \_\_\_\_\_ State: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary

Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Do you hold a Class B California Commercial Driver's License?  Yes  No

Will you work overtime if required?  Yes  No  
If no, please explain

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Provide the following information about your past and current employers. Begin with your current or most recent employer. Include volunteer activities which relate to the position for which you are applying. Attach additional sheets if extra space is needed. Provide any comments explaining any gaps in employment.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year  
 Supervisor's Name/Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year  
 Supervisor's Name/Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year  
 Supervisor's Name/Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

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

May we contact your current employer?  Yes  No Past employers?  Yes  No If no, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had any training in the United States military which is related to the job for which you are applying?  Yes  No  
 If yes, please describe: \_\_\_\_\_

Do you have the physical and mental ability to perform the tasks on the **attached** job description, with or without accommodation?

Yes  No (If accommodation is necessary, please describe below)

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**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**Educational Background**

(A) List last three (3) schools attended, starting with most recent. (B) List number of years completed. (C) Indicate degree or diploma earned, if any. (D) Grade Point Average or Class Rank. (E) Major field of study. (F) Minor field of study (if applicable).

(A) SCHOOL	(B) NUMBER OF YEARS COMPLETED	(C) DEGREE / DIPLOMA	(D) GPA / CLASS RANK	(E) MAJOR	(F) MINOR

**References**

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

**Additional Information**

List professional, trade, business or civic associations and any office held. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List any additional information you would like us to consider.

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**Applicant Statement (Please Read Carefully, Initial Each Paragraph and Sign below)**

I certify that all information I have provided in order to apply for and secure work with the District is true, complete and correct.

\_\_\_\_\_  
Initial

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the District's service, whenever it is discovered.

\_\_\_\_\_  
Initial

I expressly authorize, without reservation, the District, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the District, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

\_\_\_\_\_  
Initial

I understand that the District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

\_\_\_\_\_  
Initial

I understand that no representative of the District, other than an authorized officer, has the authority to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the District's General Manager or his/her authorized representative.

\_\_\_\_\_  
Initial

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States as may be required by federal and state laws.

\_\_\_\_\_  
Initial

I understand that if I am offered employment, the offer will be contingent upon successful completion of a job related physical examination, pre-employment alcohol, drug screen and background check to include fingerprinting. I voluntarily agree to submit to these procedures.

\_\_\_\_\_  
Initial

I understand that if I am offered employment in a position that requires a Class B license, I will authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records from my previous employers.

\_\_\_\_\_  
Initial

**I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_