

Fresno Local Agency Formation Commission Application for Employment 2607 Fresno Street, Suite B, Fresno, CA 93721 (559) 600-0604 aolivas@fresnocountyca.gov

Position applied for:				
Applicant's Personal Details: Name:				
Other names used:				
Social Security Number:				
Physical Address:				
Mailing Address (If different than your physical address):				
Driver's license (Include number, state, and expiration):				
Date available for employment:				

Date:					
Other Training	g or Instit		ded:		
Qualifications:					
Date:					
Other details	pertinent	to this pos			
			your current or mo	ost recent empl	oyer)
Employmen (1) Company				ost recent empl	oyer)
				ost recent empl	oyer)

Responsibilities / Duties:	
Salary:	
Reasons for leaving:	
Permission to contact them:	,
(2) Company Name and Contact Information:	
Position Held:	
Period Employed:	
Responsibilities / Duties:	
Salary:	
Reasons for leaving:	
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(3) Company Name and Contact Information:				
Period Employed:				
Responsibilities / Duties:				
Salary:				
Reasons for leaving:				
Permission to contact them:				
References (Please list three references)				

Declarations:

I declare that I understand that this is an application for a position only and does not imply any promises of employment on behalf of the Company.

I, the undersigned applicant, hereby declare that all of the information on this Application Employment Form is accurate and I understand that any falsehood or omission on my part may be grounds for future dismissal from the position or withdrawal of an offer of employment.

Signed on this	day of	20
SIGNATURE		

NOTE: LAFCO is an equal employment opportunity employer. It does not make hiring decisions based on race, religion, color, national origin, ancestry, sex, gender, sexual orientation, marital status, age, physical or mental disability or medical condition, except where physical fitness is valid occupational qualification, or any other consideration made unlawful by federal, state or local laws. LAFCO will make reasonable accommodations for individuals with disabilities, unless it would create a undue hardship.