

Township #2 Ione Public Cemetery
 500 S. Church St., P.O.Box 1478, Ione, CA 95640 Phone/fax: 209-274-0274

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: This application must be submitted (typed or PRINTED in ink) to the Ione Cemetery District Board of Trustees. Acceptability for any interview or examination is based on the information in this application. An application completed in insufficient detail or in pencil will be rejected. The application and any attachments, once submitted, cannot be returned. A resume may be attached, but will not be accepted in lieu of any portion of the standard application. If you need reasonable accommodation during any stage of the application process, please contact the chairperson of the board of directors.

| | | | |
|--------------------------------------|---------|-------------|---------------|
| Position you are applying for: _____ | | | |
| NAME: | (First) | (Middle) | (Last) |
| _____ | | | |
| MAILING ADDRESS: | | (City) | (State) (Zip) |
| _____ | | | |
| PHONE: Home () | _____ | Mobile: () | _____ |

| READ FULLY AND RESPOND TO THE FOLLOWING QUESTIONS: | YES | NO |
|--|-----|----|
| 1. Can you, after offer of employment, submit verification of the legal right to work in the U.S.? | | |
| 2. Do you object to the cemetery board making inquiry of your present employer? | | |
| 3. Have you ever been discharged from a position, or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give the name and address of the employer, date of discharge or forced resignation, and the reason on the application. Cite all such cases in item #8. | | |
| 4. Do you have a valid driver's license to operate a motor vehicle in California? <div style="display: flex; justify-content: space-between; font-size: small;"> _____ State _____ Type of license _____ Number _____ Expiration date </div> <i>If hired, you will be required to submit a California DMV Certified Driver Record within 30 days of the date of hire.</i> | | |
| 5. Since the age of 18, have you been convicted of a felony or misdemeanor? If so, please indicate the date(s)(month/year), location and disposition of the conviction(s) below. (Do not include convictions where the criminal record has been expunged or sealed; misdemeanor convictions for which probation was successfully completed and the case was judicially dismissed, or misdemeanor marijuana-related convictions that occurred over two years ago.) | | |
| 6. Are you currently out on bail or on your own recognizance pending trial on criminal charges? (if yes, please give details in item #8) | | |
| 7. Why are you seeking this particular position? | | |
| | | |

8. This space is provided for explanations, if necessary, of items #3&6.

(Continue on separate paper if needed)

WORK EXPERIENCE

Begin with your most recent paid position. List all paid work experiences you have had in the past 5 years, including U.S. military service. Give details which you believe would benefit you in the position for which you are applying. Use the back of this page or separate paper if more space is necessary.

Period of Employment Job Title and Primary Duties Employer Contact Information

| | | |
|--|----------------------------------|---|
| From: _____ To: _____ Total: ____ Yr ____ Mo Full-Time Part-Time | Job Title: Salary: Duties: | Employer: Address: Supervisor: Phone: Reason for leaving: |
| From: _____ To: _____ Total: ____ Yr ____ Mo Full-Time Part-Time | Job Title: Salary: Duties: | Employer: Address: Supervisor: Phone: Reason for leaving: |
| From: _____ To: _____ Total: ____ Yr ____ Mo Full-Time Part-Time | Job Title: Salary: Duties: | Employer: Address: Supervisor: Phone: Reason for leaving: |
| From: _____ To: _____ Total: ____ Yr ____ Mo Full-Time Part-Time | Job Title: Salary: Duties: | Employer: Address: Supervisor: Phone: Reason for leaving: |

REFERENCES

I hereby authorize representatives of Township #2, Ione Cemetery District, to contact (unless noted in section #2) organizations (including employers) and individuals listed, for the purpose of establishing or verifying my qualifications, work history, and work habits, such as attendance, in connection with this application for employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I also authorize the individuals or organizations contacted to release the above information to Township #2, Ione Cemetery District board of directors.

Signature of Applicant: _____ Date: _____

| |
|--|
| <p>WORK REFERENCE #1 Name:</p> <p>Mailing Address: _____ Email: _____</p> <p>Phone (Home): _____ Business: _____ Mobile: _____</p> <p>Work relationship to this person: _____</p> |
| <p>WORK REFERENCE #2 Name:</p> <p>Mailing Address: _____ Email: _____</p> <p>Phone (Home): _____ Business: _____ Mobile: _____</p> <p>Work relationship to this person: _____</p> |
| <p>PERSONAL REFERENCE #1 Name:</p> <p>Mailing Address: _____ Email: _____</p> <p>Phone (Home): _____ Business: _____ Mobile: _____</p> <p>How do you know this person: _____</p> |
| <p>PERSONAL REFERENCE #2 Name:</p> <p>Mailing Address: _____ Email: _____</p> <p>Phone (Home): _____ Business: _____ Mobile: _____</p> <p>How do you know this person: _____</p> |
| <p>PERSONAL REFERENCE #3 Name:</p> <p>Mailing Address: _____ Email: _____</p> <p>Phone (Home): _____ Business: _____ Mobile: _____</p> <p>How do you know this person: _____</p> |

List all educational experiences beginning with the high school.

1. High school from which you graduated, and year of graduation. If you have a GED, you must provide a copy before being interviewed.

Name:

Location:

Additional Education Institutions Attended

2. School Name:

Location:

Course of study:

Degree earned/date:

3. School Name:

Location:

Course of study:

Degree earned/date:

4. School Name:

Location:

Course of study:

Degree earned/date:

5. School Name:

Location:

Course of study:

Degree earned/date:

6. School Name:

Location:

Course of study:

Degree earned/date:

By signing below, the applicant grants Township #2 Ione Cemetery District the right to contact any of the above listed schools to verify information provided above.

CERTIFICATE OF APPLICANT

Read the application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of Township #2, Ione Cemetery District. I further agree to be live-scanned, to submit to a complete medical examination and, upon employment, to furnish such proof of age as may be required, as well as providing a California DMV Certified Driver Record obtained within 30 days of the hire date.

Signature: _____ Date: _____

Email Address: _____ (Required for notification of application status)₄