T E H A M A - C O L U S A C A N A L A U T H O R I T Y

P.O. Box 1025 ~ 5513 Highway 162
Willows, California 95988
(530) 934-2125

EMPLOYMENT APPLICATION

NOTE: All questions must be answered. Do not respond to any question with a reference to resumé or other source.

1. NAME: _____
LAST FIRST MIDDLE

2. ADDRESS: _____
STREET CITY STATE ZIP CODE

3. PHONE: _____
AREA CODE PHONE NUMBER

4. POSITION APPLYING FOR: _____

5. ACADEMIC TRAINING

Name and Address	Major Subject	Number of Years Completed	Degree
High School			
Tech School			
Community College			
College/University			
College/University			
Other Training			

6. REFERENCES – Give names of persons not related to you that you have known for at least one year.

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED
1.			
2.			
3.			
4.			

7. EMPLOYMENT HISTORY – *List all jobs and activities including military service, schools, part-time employment, self-employment, and unpaid or volunteer work experience for the past ten years. Please also list significant experience more than ten years ago. BEGIN WITH MOST RECENT WORK ACTIVITY. Please attach additional pages if necessary.*

Employer	**Dates of Employment**
Address	**Job Title**
Name & Title of Supervisor	**Phone No.**
Description of Duties	**Reason for Leaving**

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Name & Title of Supervisor	**Phone No.**
Description of Duties	**Reason for Leaving**

8. JOB-RELATED ORGANIZATIONS, CLUBS, OR PROFESSIONAL SOCIETIES

List any job-related organizations, clubs, or professional societies to which you currently belong or have belonged in the last ten years, excluding any names or identifiers that indicate protected class information such as the race, religious creed, color, national origin, or ancestry of an organization's members.

If you are registered professional, please provide registration number, registering agency, and expiration date of registration (if applicable)

9. ADDITIONAL QUESTIONS

a. Are you eligible to work in the United States? Yes ☐ No ☐

b. Have you ever been discharged or forced to resign from any employer? Yes ☐ No ☐
If yes please give details.

c. Are you related to any person employed by TCCA or who is a member of the Board of Directors?
Yes ☐ No ☐
If yes please give the name of the individual(s).

d. Do you have a valid California Driver's License? Yes ☐ No ☐
Class of License (circle) (A) (B) (C) (M)

AFFIDAVIT

The facts set forth in my application for employment are true and complete. I understand that, in the event of my employment by the TCCA, any discovery of a misrepresentation or failure to give material information in this application shall constitute misconduct and will subject me to discipline, up to and including termination of my employment.

I also understand that I must maintain a valid California Driver's license if hired.

_____ _____

Signature of Applicant Date