

Orange County Cemetery District Application for Employment

Return Completed Application To: Orange County Cemetery District 25751 Trabuco Road Lake Forest, CA 92630

Last Name	First Name	MI	Exact Title of Position	for Which You are Applyi	ng				
Street Address		Apt.#	City	State	Zip				
Home Phone	Mobile Phone	Email Addre	SS						
()	()								
Driver's License: Select the valid California Driver's License you have:									
Class A (Heavy Truck) Class B (Buses) Class C (Auto/Light Truck) No License									
License Number: Expires: Languages: (Other than English) in which you are fluent:									
Education: Highest grade leve	completed:	High Schoo	l Attended:						
Select the degree(s)/certificate	(s) you have earned:								
High School Diploma	☐ High School Proficiency Test	G.E.D.	2 Year Degree	4 Year Degree	Post Graduate Degree				
College/University: Include th	e name of the college/university	attended, majo	or course of study, and ty	/pe of degree:					
Other Training Completed: Ind	clude agency providing training ar	nd length of tra	ining.						
Professional License /Cortificat	ion: Include license/certification	possossod pu	mbor issued by and over	viration data					
		possesseu, nu	inder, issued by, and exp	mation date.					
Job Related Equipment Opera	ted:								
Work Experience: Your experi	ence is important! It determines	s your success	in competing with other	r job applicants. List mos	t recent experience first.				
Employer:	Position Held:			_ Dates of Employment: I	FromTo				
Address:			City:	S	tate: Zip:				
Hours per week:	_ Name of Supervisor:		Emp	loyer Phone Number:					
Reason for Leaving:									
Duties:									

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Employer:	Position Held:		Dates of Employment: From	То
Address:		City:	State:	Zip:
Hours per week:	Name of Supervisor:		Employer Phone Number:	
Reason for Leaving:				
Duties:				
Employer:	Position Held:		Dates of Employment: From	То
Address:		City:	State:	Zip:
Hours per week:	Name of Supervisor:		Employer Phone Number:	
Reason for Leaving:				
Duties:				
Employer:	Position Held:		Dates of Employment: From	То
Address:		City:	State:	Zip:
Hours per week:	Name of Supervisor:		Employer Phone Number:	
Reason for Leaving:				
Duties:				

If you wish to submit additional work experience and/or a resume, please attach additional pages as necessary. May we contact your employer? ____YES ____NO

CERTIFICATE OF APPLICANT: I certify that the information in this application (and any attachments) is true and correct to the best of my knowledge, and I agree to having these statements checked by the District. I understand that any misrepresentations or material omission may result in my failure to receive an offer or, if I am hired, in my dismissal. I authorize my personal references and supervisors to provide information about my previous employment.

I FURTHER UNDERSTAND AND AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AT WLL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT ADVANCE NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE DISTRICT. No representative of the District other than the District Manager has any authority to agree to the contrary. Further, no representative of the District may alter the at-will nature of the employment unless it is done specifically in a written agreement signed by me and the District Manager.

I understand that any offer of employment is conditioned on my providing satisfactory proof of my identity and legal authority to work in the United States.

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