



Name & Location of School	Number of Years Attended	Graduated (Yes/No)	Diploma or Degree Received	Major Subjects	Total Units Completed	
					Sem.	Qtr.
College/University:						
High School:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, do you have a GED, California High School Proficiency Certificate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other Schools:						
Describe fully any job-related skills, knowledge, special training, certification or licenses you may possess. Attach additional sheets as necessary:						

**EMPLOYMENT HISTORY: LIST BELOW ALL EMPLOYMENT OVER THE LAST 10 YEARS STARTING WITH YOUR MOST RECENT EMPLOYER. IF YOU WERE NOT EMPLOYED FOR COMPENSATION DURING THAT PERIOD, PLEASE INCLUDE ALL UNPAID EMPLOYMENT OR VOLUNTEER WORK EXPERIENCE. PLEASE INCLUDE ALL INFORMATION REQUESTED. USE ADDITIONAL SHEETS AS NECESSARY. RESUMES MAY BE ATTACHED FOR ADDITIONAL INFORMATION, BUT WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED AUTHORITY APPLICATION.**

From: Mo/Yr: \_\_\_\_\_ To: Mo/Yr: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor/Title \_\_\_\_\_ Telephone No. w/Area Code: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact the above employer?  Yes  No

From: Mo/Yr: \_\_\_\_\_ To: Mo/Yr: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor/Title \_\_\_\_\_ Telephone No. w/Area Code: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact the above employer?  Yes  No

From: Mo/Yr: \_\_\_\_\_ To: Mo/Yr: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor/Title \_\_\_\_\_ Telephone No. w/Area Code: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact the above employer?  Yes  No

From: Mo/Yr: \_\_\_\_\_ To: Mo/Yr: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor/Title \_\_\_\_\_ Telephone No. w/Area Code: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact the above employer?  Yes  No

From: Mo/Yr: \_\_\_\_\_ To: Mo/Yr: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Supervisor/Title \_\_\_\_\_ Telephone No. w/Area Code: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact the above employer?  Yes  No

Have you ever been dismissed or asked to resign from any job?  Yes  No  
If yes, please explain the circumstances. \_\_\_\_\_  
\_\_\_\_\_  
Please explain fully any gaps in your employment history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ AND SIGN BELOW:

I understand and acknowledge that:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity, as well as verification that I have the legal right to work in the United States.
2. If I am employed, any false statement, misrepresentation, or omission of material facts on this application, on any supporting documents, or provided orally, regardless of when discovered to be false, may result in my immediate dismissal.
3. If I am offered a position, it will be offered on condition that my employment shall be at will without any right to continuing employment and for no definite period, and that my employment may be terminated at any time, with or without cause, and with or without prior notice.
4. The South Bayside System Authority may require me to submit to a test for the presence of illegal drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be made contingent upon my passing a job-related physical examination test, performed by a doctor selected by the South Bayside System Authority. I consent to the disclosure of the result of this physical examination and related tests to the South Bayside System Authority.
5. In exchange for the South Bayside System Authority's consideration of my application for employment, I authorize investigation of all statements contained in this application and any supporting documents. I authorize the South Bayside System Authority to obtain employment related information about my experience and qualifications from former employers, educational institutions, government agencies, or any references that I have provided. I hereby authorize those parties to provide such information concerning the subjects covered herein, and I hereby release the South Bayside System Authority and all parties providing information in response to such investigation from any liability arising from the investigation.
6. In exchange for the South Bayside System Authority's consideration of my application for employment, I hereby authorize my former employers to release to the South Bayside System Authority any personnel information and records, favorable or otherwise, which my former employer has kept regarding my employment, including my work performance. I understand that the South Bayside System Authority may retain photocopies of my records for its files, whether I am offered employment or not. I hereby release all parties, including my former employers and the South Bayside System Authority, from any liability arising from the release, review and retention of my records.
7. Alterations or amendments to the above conditions may only be made in writing, signed by the Manager of the Authority.

My signature below indicates that I have read, understand, and agree to all of the above statements and agreements.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

Applicant's  
Printed Name: \_\_\_\_\_