



The Water Conservation Garden  
12122 Cuyamaca College Drive West  
El Cajon, CA 92019

Tel: (619) 660-0614

Open daily, 9 a.m. to 4 p.m.  
(See summer and holiday hours.)  
Admission is by suggested donation.

## APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT CLEARLY OR TYPE)

Title of Position Executive Director, Water Conservation Garden

Name \_\_\_\_\_  
Last First M.I.

Address			( )	
No.		Street	Home Phone	
City	State	Zip	( ) Message or Business Phone	

Presently Employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Have you ever been fired or asked to resign from any position? ☐ Yes ☐ No If Yes, when, where and what were the circumstances?

Have you ever been convicted of a crime(s), either felony or misdemeanor, regardless of whether the conviction(s) resulted in a sentence, suspended sentence, or other resolution following a plea of guilty or no contest, a verdict, or other finding of guilt? In responding to this question, do not include: arrests that did not lead to a conviction; misdemeanor conviction for marijuana-related offenses or for the possession of drug paraphernalia more than two years old; misdemeanors for which probation has been successfully completed or otherwise discharged, and the case has been judicially dismissed; convictions which have been sealed, expunged or eradicated; or any participation in or referral to any pre-trial or post-trial diversion program following conviction. ☐ Yes ☐ No

If your response is "Yes," please explain the circumstances of the conviction below. A response of "Yes" will not result in your automatic disqualification from employment.

**EDUCATION:** Circle highest grade completed: 8 9 10 11 12 G.E.D. COLLEGE: 1 2 3 4 5 6

Starting with High School, list all schools and special training below:

SCHOOL, CITY AND STATE

DEGREE, CERTIFICATE, OR SPECIAL COURSE WORK

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I \_\_\_\_\_, am an applicant for the position of  
(Please Print Name) **Executive Director, Water Conservation Garden**  
with the Grossmont-Cuyamaca Community College District Auxiliary Organization. My signature below  
authorizes you to release to them any information regarding former employment with your organization. The  
below statements in my application are true and complete. I understand that false statements,  
misrepresentations and/or omitted information on this application shall be considered sufficient cause for  
refusal to hire or if employed, immediate discharge.

Date

<b><i>Firm Name and Address</i></b>	<b><i>Description of Duties</i></b>
Position: _____	
Check one: F/T ____ P/T ____	
Dates Employed:	
From:	
To:	
Supervisor: _____	
Phone: _____	
Reason for Leaving: _____	
Position: _____	
Check one: F/T ____ P/T ____	
Dates Employed:	
From:	
To:	
Supervisor: _____	
Phone: _____	
Reason for Leaving: _____	
Position: _____	
Check one: F/T ____ P/T ____	
Dates Employed:	
From:	
To:	
Supervisor: _____	
Phone: _____	
Reason for Leaving: _____	