

Sanitary District No. 5 of Marin County

2001 Paradise Drive

Tiburon, CA 94920

Info@sani5.org or Fax: (415) 435-0221

APPLICATION FOR EMPLOYMENT

GENERAL DATA

Position Applied For (Title): _____ Date of Application: _____

Name: _____ Social Security No.: _____
Last First MN

Address: _____
Number Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

CA License #: _____ Class: _____

PERSONAL DATA (Please Answer Each Question Below)

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No

Have you ever used or been known by another name? Yes No If Yes, please list: _____

Do you have any relatives currently employed at the District? Yes No If Yes, list names here: _____

Have you ever worked for the District before? Yes No If Yes, date(s) worked: _____

Based on the enclosed job description, would you be able to perform the essential functions of the position with or without reasonable accommodation? Yes No

SKILLS

Type? Yes No WPM: _____ Personal Computer? Yes No Programs: _____

Machines Operated: _____

Other training/skills: _____

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

Professional License No. _____ Type: _____ Expiration Date: _____

Wastewater License No.: _____ Type: _____ Expiration Date: _____

Other: _____ Type: _____ Expiration Date: _____

EDUCATION AND TRAINING

Type	Name of School/Address	Major Subject	Units Completed	Degree/Certification
High School				
University or College(s)				

Trade, Professional School or Other, Military				
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EMPLOYMENT HISTORY

Please identify your work experience, paid or unpaid, beginning with your most recent position. Please fully account for all time, including periods of unemployment, military time, school, etc. A resume may be attached, but does not substitute for completing this application. Use additional sheets if necessary.

Name of last/present employer	Supervisor's Name	Your key duties & major responsibilities	Start Date	End Date
Street Address	Supervisor's Title		Total Time	
City State	Your Title		Reason for leaving:	
Phone #			May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of last/present employer	Supervisor's Name	Your key duties & major responsibilities	Start Date	End Date
Street Address	Supervisor's Title		Total Time	
City State	Your Title		Reason for leaving:	
Phone #			May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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City State	Your Title		Reason for leaving:	
Phone #			May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Street Address	Supervisor's Title		Total Time
City State	Your Title		Reason for leaving:
Phone #			May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>

Explain fully any gaps in your employment history: _____

Have you ever been terminated or asked to resign from any job? Yes No If Yes, explain: _____

PERSONAL REFERENCES

List three personal references of persons who know you well - NOT previous employers or relatives.

Name: _____

Address: _____

Phone # _____ Years Known: _____ Relation: _____

Name: _____

Address: _____

Phone # _____ Years Known: _____ Relation: _____

Name: _____

Address: _____

Phone # _____ Years Known: _____ Relation: _____

CERTIFICATION

In the event of my employment to a position in this District, I will comply with all rules and regulations of this District. I understand that the District reserves the right to require me to submit to a test for the presence of 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 contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the District. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the District may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I further understand that the District may contact my previous employers and I authorize those employers to disclose to the District all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the District, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the District with any pertinent information that they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If you have any questions regarding this statement, please ask a District representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.

Signature of Application: _____ Date: _____