



Ross Valley Sanitary District

Sanitary District No. 1 of Marin County

2960 Kerner Blvd.
 San Rafael, CA 94901
 415-259-2949

Application For Employment

GENERAL DATA

Position Applied For _____ Date of Application _____
TITLE OF POSITION

Name _____ Social Security No. _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Home Phone _____ Bus. Phone _____ CA Driver's Lic. # _____ Class _____
AREA CODE NUMBER AREA CODE NUMBER

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

Do you have any relatives currently employed at the District? YES NO If "YES," list the names here.

Have you ever been convicted of a felony? YES NO If "YES," please explain. (NOTE: conviction is not an automatic bar to employment. Each case will be considered on its own merit.)

Have you ever been convicted of reckless driving or driving under the influence of alcohol or illegal drugs, OR has your Driver's License ever been suspended or revoked as a result of conviction(s) of driving violation(s)?
 YES NO

If "YES," list offense(s) and date(s) of conviction(s). A "YES" answer is not necessarily disqualifying.

SKILLS

Word Processing? YES NO Personal Computer? YES NO

Software Programs? _____

Machines Operated _____ Other training/skills: _____

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

Professional License No. _____ Type _____ Exp. Date _____

Wastewater License No. _____ Type _____ Exp. Date _____

Other _____ Type _____ Exp. Date _____

EDUCATION AND TRAINING

TYPE	NAME OF SCHOOL AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	MAJOR SUBJECT	DEGREE/DIPLOMA/CERTIFICATION
HIGH SCHOOL	_____	_____	YES _____ NO _____	_____	_____
UNIVERSITY OR COLLEGE(S)	_____	_____	YES _____ NO _____	_____	_____
	_____	_____	YES _____ NO _____	_____	_____
BUSINESS OR TRADE SCHOOL	_____	_____	YES _____ NO _____	_____	_____

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

10/95

PLEASE COMPLETE THE FORM BELOW WHICH SHALL BE REMOVED BEFORE THE APPLICATION IS PROCESSED.

In accordance with State Law, the information requested below shall be used for statistical purposes only. It will enable the District to evaluate more effectively its recruitment and selection procedures. This information will be kept confidential and separate from the application form. Refusing to provide this information will have no impact on the evaluation process. Thank you for your assistance.

NAME _____ POSITION APPLIED FOR _____ MALE FEMALE

ETHNIC ORIGIN (Please check only one)

- White (not of Hispanic origin): The category "White" includes White, Anglo-Saxons, Europeans, and persons of Indo-European, North African or Middle Eastern origin.
- Black (not of Hispanic origin): The category "Black" includes Blacks, African-Americans, persons of Jamaican, Trinidadian, and West African descent.
- Asian/Pacific Islander: The category "Asian" includes Asian-Americans and persons having origins in the Far East, Southeast Asia, or the Indian subcontinent.
- American Indian: The category "American Indian" includes persons who identify themselves, or are known as such, by virtue of tribal associations, including Alaskan Native.
- Hispanic: The category "Hispanic" includes all persons Mexican, Chicano, Latino, and of Puerto Rican, Cuban, Central or South American or Spanish descent.
- Filipino: The category "Filipino" includes persons having origins in the Philippine Islands.

In accordance with The Americans with Disabilities Act, and to insure that our application process is accessible, the District is willing to assist qualified individuals with disabilities with reasonable accommodation so that they may participate in the examination process. Please call the District if you require a reasonable accommodation.

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 section. Use additional sheets if necessary.

Name of last/present employer	Supervisor's name	Your key duties & major accomplishments	Start date	End date
Street Address	Supervisor's title		Total Time of Employment	Final Pay
City	State		Reason For Leaving	
Phone No. ()	Your Title		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of last/present employer	Supervisor's name	Your key duties & major accomplishments	Start date	End date
Street Address	Supervisor's title		Total Time of Employment	Final Pay
City	State		Reason For Leaving	
Phone No. ()	Your Title		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of last/present employer	Supervisor's name	Your key duties & major accomplishments	Start date	End date
Street Address	Supervisor's title		Total Time of Employment	Final Pay
City	State		Reason For Leaving	
Phone No. ()	Your Title		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of last/present employer	Supervisor's name	Your key duties & major accomplishments	Start date	End date
Street Address	Supervisor's title		Total Time of Employment	Final Pay
City	State		Reason For Leaving	
Phone No. ()	Your Title		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of last/present employer	Supervisor's name	Your key duties & major accomplishments	Start date	End date
Street Address	Supervisor's title		Total Time of Employment	Final Pay
City	State		Reason For Leaving	
Phone No. ()	Your Title		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CERTIFICATION

- I certify that all statements contained in this application are true and complete. I understand that any false statements or omissions may result in disqualification from employment or termination. I hereby authorize the release of any information necessary to verify the statements made in this application to ROSS VALLEY SANITARY DISTRICT or duly authorized agents.
- I understand that my employment is contingent upon my providing verification of my identity and legal right to work in the United States.
- I understand that I must maintain an acceptable driving record in accordance with the District's Driving Policy.
- I understand that I must successfully complete a post-job-offer, pre-employment physical examination.

I UNDERSTAND AND AGREE TO THE ABOVE.

Signature of Applicant _____ Date _____

JOB SOURCE INFORMATION

Please indicate where you learned of this job vacancy:

- Newspaper (please specify) _____
- Job flyer posted at another agency
- State Employment Office
- Professional Journal or Newsletter (please specify) _____
- Jobs Available
- Friend or Relative
- OTHER (please specify) _____