



SAUSALITO-MARIN CITY SANITARY DISTRICT

#1 FORT BAKER ROAD • P. O. BOX 39 • SAUSALITO, CALIFORNIA 94966-0039
 OFFICE 415.332.0244 • PLANT 415.332.0240 • FAX 415.332.0453

APPLICATION FOR EMPLOYMENT

Please type or print in ink, incomplete or illegible applications will not be accepted. Return to above address.

Position Desired _____ Full Time
 Part Time Date _____

PERSONAL DATA

Name _____
 Last First Middle

Social Security No. _____

Present Address _____
 Street and Number City State

How long have you lived there? _____
 Years Months

Previous Address _____
 Street and Number City State

How long did you live there? _____
 Years Months

Telephone No. _____

Are you 18 years of age or older? Yes No

No

Have you ever worked for this District before? Yes No

If Yes, please give dates and position: _____

Do you have any friends or relatives working here? If Yes, Name _____ Relationship _____

Besides the crime of possession of less than an ounce of Marijuana for personal use more than two years ago, have you ever been convicted of any crime? Yes No
 If Yes, please give date and details: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary).

Present or Last Employer	Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address				
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone				
Previous Employer	Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving
Address				
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone				

(Continued on next page)

Previous Employer	<u>Employed From</u> (mo/yr)	<u>Pay Start</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	<u>Name and Title of Last Supervisor</u>	
Telephone				
Previous Employer	<u>Employed From</u> (mo/yr)	<u>Pay Start</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	<u>Name and Title of Last Supervisor</u>	
Telephone				
Previous Employer	<u>Employed From</u> (mo/yr)	<u>Pay Start</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	<u>Name and Title of Last Supervisor</u>	
Telephone				

Have you ever been terminated or asked to resign from any job? { } Yes { } No. If Yes, please explain circumstances:

Please explain fully any gaps in your employment history: _____

May we contact your current employer? { } Yes { } No. If No, please explain: _____

Have you ever used another name? { } Yes { } No. Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

PREVIOUS EXPERIENCE

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. Include licenses, certifications and registrations.

EDUCATION

School Name	Years completed (Circle)					Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
	4	5	6	7	8			
Elementary								
High School								
College/University								
Graduate/Professional								
Trade or Correspondence								
Other								

PERSONAL REFERENCES

Please list persons who know you well - not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Statement & Agreement:

I understand that if I am hired by this District, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without

notice, and the District has the same right.. No one other than the General Manager of the District has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

If I am hired by this District, I will comply with all the 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 my passing a physical examination test and a test for the presence of alcohol in my system, performed by a doctor selected by the District. 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 the District may investigate my driving record and my criminal record. 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 they may have regarding myself.

I hereby state that all the information that I provide 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 in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal immigration laws require me to complete an I-9 Form in this regard.

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.

**YOUR SIGNATURE BELOW INDICATES YOU HAVE READ,
UNDERSTAND AND AGREE TO BE BOUND BY THE STATEMENT AND AGREEMENT**

Signature of Applicant

Date

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date