



SAUSALITO-MARIN CITY SANITARY DISTRICT

1 EAST ROAD • SAUSALITO, CALIFORNIA 94965-2575
OFFICE 415.332.0244 • PLANT 415.332.0240 • FAX 415.332.0453
www.smcsd.net

APPLICATION FOR EMPLOYMENT

Please type or print in ink, incomplete or illegible applications will not be accepted. Completed applications must be mailed to above address. Or send via email to: Helen@smcsd.net

Position Applied For: _____ Date of Application: _____

PERSONAL DATA

Name: _____ Social Security (Voluntary): _____

Present Address (Number, Street, City, State, and Zip Code): _____

E-mail Address: _____

Main Phone: _____ Alternate Phone: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Can you, after employment, submit proof of your legal right to work in the United States? Yes No

Have you ever worked for the Sausalito-Marín City Sanitary District before? Yes No

Do you have any friends or relatives that work here? Yes No

If yes, please provide name(s): _____

Please check all that apply:

- Types of work you will accept: Full-Time Part-Time
- Types of shifts you will accept: Day Evening Night
- Rotating Weekends On-Call

Salary Requirements: _____

EDUCATION

	School	Course of Study	No. of Years Completed	Diploma or Type of Degree
High School				
College / University				
Graduate / Professional				
Trade / Correspondence				
Other				

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. A resume may be attached, but does not substitute for completing this section. (Add additional page(s) if necessary).

Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Hourly or Monthly salary:					
Reason for leaving:		Role and Duties:			
Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Hourly or Monthly salary:					
Reason for leaving:		Role and Duties:			
Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Hourly or Monthly salary:					
Reason for leaving:		Role and Duties:			
Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Hourly or Monthly salary:					
Reason for leaving:		Role and Duties:			

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 employment history.

May we contact your current employer? Yes No

If not, please explain:

(Please note, at a later point in the recruitment process we may want to contact your current employer to verify employment. We will notify you ahead of time before contacting your current employer.)

At a later point in the recruitment process, will you agree to a pre-employment background check? Yes No

PREVIOUS EXPERIENCE

Describe any specialized training, apprenticeship, skills, and qualifications you feel are relevant to the position for which you are applying.

LICENSES/CERTIFICATIONS/REGISTRATIONS

Please list all licenses, certifications, and registrations that you hold that you feel are relevant to the position for which you are applying.

PROFESSIONAL REFERENCES

(You will be given notice if we get to the point in the recruitment process of contacting your references.)

Name	Contact Information (Address, Telephone, and/or Email)

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us considering your application.

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

Please mail completed applications to the address listed on the first page. Electronic submittals will not be accepted.