



EMPLOYMENT APPLICATION

RETURN TO:
NOVATO SANITARY DISTRICT
 500 Davidson Street
 Novato, CA 94945
 (415) 892-1694

For Personnel Office Use Only		
ACCEPT	NO	EDUC.
LATE	INCOMP.	EXPER.

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED

Application For _____ Date _____
TITLE OF POSITION

Print Name _____ Social Security No. _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET APT. NO. CITY STATE ZIP CODE

Home Phone _____ Business Phone _____ Driver's License No. _____
AREA CODE NUMBER AREA CODE NUMBER

OTHER NAMES UNDER WHICH YOU HAVE WORKED	I AM AVAILABLE FOR EMPLOYMENT ON TEMPORARY BASIS <input type="checkbox"/> PART-TIME BASIS <input type="checkbox"/> FULL-TIME BASIS <input type="checkbox"/>	AVAILABLE FOR SHIFT DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT <input type="checkbox"/>
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EDUCATION AND TRAINING Circle Highest Grade Completed

	8	9	10	11	12	(GED)
	College	1	2	3	4	Post-Graduate

EDUCATIONAL INSTITUTIONS	LOCATION	MAJOR SUBJECT	UNITS COMPLETED	DEGREE OR CERTIFICATE
High School				
College/University/Trade School				

JOB-RELATED CERTIFICATES, REGISTRATIONS, LICENSES OR OTHER SKILLS AND OFFICE MACHINES YOU OPERATE, ETC. (INCLUDE TYPING OR KEYBOARD SPEED)

TYPE _____ NO. _____ EXP. DATE _____

TYPE _____ NO. _____ EXP. DATE _____

OTHER SKILLS/EQUIPMENT _____

Have you ever been convicted of a felony? If yes, provide date(s) and offense(s). A conviction will not necessarily disqualify you from consideration for employment.

YES NO

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)? If yes, list offense(s) and date(s) of convictions. A Yes answer is not necessarily disqualifying.

YES NO

Do you have any relatives currently employed by Novato Sanitary District?

Name _____

YES NO

Relationship _____

Based upon the job description enclosed, would you be able to perform the essential functions of the position with or without reasonable accommodation?

YES NO

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

To insure that our application process is accessible in accordance with the Americans with Disabilities Act, 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 SUMMARY

IMPORTANT: Beginning with your present or most recent employment, list the positions you have held during the past seven (7) years, including periods of unemployment, military service, volunteer experience, and periods when enrolled in school. If you have held more than one position for the same employer, list each separately. If you need additional space, please continue on a separate sheet of paper. A resume may be attached but is not a substitute for completing this section. Failure to fully complete this section may eliminate you from consideration for the position.

Dates Employed From _____ MO YR To _____ MO YR Total _____ YRS/MOS. Final Salary _____	EMPLOYED BY		ADDRESS (INCLUDE CITY & STATE)	TELEPHONE # ()
	JOB TITLE	HRS/ WEEK	IMMEDIATE SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
	SUMMARIZE JOB RESPONSIBILITIES			
	MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Dates Employed From _____ MO YR To _____ MO YR Total _____ YRS/MOS. Final Salary _____	EMPLOYED BY		ADDRESS (INCLUDE CITY & STATE)	TELEPHONE # ()
	JOB TITLE	HRS/ WEEK	IMMEDIATE SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
	SUMMARIZE JOB RESPONSIBILITIES			
	MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Dates Employed From _____ MO YR To _____ MO YR Total _____ YRS/MOS. Final Salary _____	EMPLOYED BY		ADDRESS (INCLUDE CITY & STATE)	TELEPHONE # ()
	JOB TITLE	HRS/ WEEK	IMMEDIATE SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
	SUMMARIZE JOB RESPONSIBILITIES			
	MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Dates Employed From _____ MO YR To _____ MO YR Total _____ YRS/MOS. Final Salary _____	EMPLOYED BY		ADDRESS (INCLUDE CITY & STATE)	TELEPHONE # ()
	JOB TITLE	HRS/ WEEK	IMMEDIATE SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
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	MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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	JOB TITLE	HRS/ WEEK	IMMEDIATE SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING
	SUMMARIZE JOB RESPONSIBILITIES			
	MAY WE CONTACT NOW? 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 Novato Sanitary District or duly authorized agents.
- I understand that employment is contingent upon my providing verification of my identity and legal right to work in the United States.
- I understand that because of the need to respond to emergency calls, all District operation and maintenance personnel are required to live within 30 minutes driving time of the Novato Treatment Plant.
- I understand that I must maintain an acceptable driving record in accordance to the District's liability carrier for continued employment.
- I understand that employment may be contingent upon successful completion of a job related physical examination and for certain safety-sensitive positions, a drug and alcohol screening test.

I understand and agree to the above.

Signature of Applicant

Date