



500 Davidson Street  
 Novato, CA 94945  
 (415) 892-1694 - Fax: (415) 898-2279

# EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

**POSITION APPLYING FOR:**

\_\_\_\_\_  
 (Enter exact title)

**PLEASE TYPE OR PRINT IN INK.....INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY NOT BE ACCEPTED**

**1. APPLICANT'S NAME:**

\_\_\_\_\_  
 Last First Middle

**2. OTHER NAMES UNDER WHICH YOU MAY HAVE WORKED:**

**3. ADDRESS:**

**4. TELEPHONE NUMBERS:**

\_\_\_\_\_  
 (Home) (Work) (Cellular)

5. Are you a U. S. Citizen or do you have legal permission to work in the USA from the INS? If employed, you will be required to submit proof of permission to work pursuant to Federal law. Yes No

6. Do you have any physical or mental condition which would inhibit you from participating in planned testing for this position? If so, please indicate in the space below what accommodation you feel is necessary to assist you. Yes No

7. Have you ever been discharged or forced to resign or rejected during a probationary period from any employment within the last 10 years? If yes, give name of employer, dates of employment, and reasons below. A yes answer is not necessarily a bar to employment. Each case is given individual consideration based upon job relatedness. Yes No

**8. Where did you first hear about this position?**

NSD website Friend or relative who works at NSD  
 Job hotline Internet site(specify): \_\_\_\_\_  
 Direct mailing Other (specify): \_\_\_\_\_

**9. List any licenses, certificates, or registrations required for this job (e.g., driver's license, treatment plant operator certification, California certificate of registration as a Professional Engineer).**

Title	Date Issued	Expiration Date	Number
_____	_____	_____	_____
_____	_____	_____	_____

**10. If applicable to the position you are seeking, indicate other special skills you possess (e.g., typing, operation of office machines, computers and computer software, hand or power tools, or heavy equipment).**

**11. *Anti-Nepotism Policy*** - It is the District's policy to not employ or allow immediate family members, domestic partners, or persons involved in a romantic relationship to work in the same department or division, or in any assignment at the District unless the District first determines that the employment/ assignment of such individual does not result in interests that are incompatible, or potentially incompatible, with those of the District, such as the District's requirement to maintain appropriate management overview, supervision, safety, security and/or morale. Please list below any person(s) working at NSD to whom you are related or in a relationship:

Highest Grade Completed: 8 9 10 11 12 G.E.D.					College: 1 2 3 4				Grad Work: Yes No	
Educational Institutions	Dates Attended		Course of Study / Major	Diploma or Degree Awarded?		Units Completed		Type Degree	Date Req. Completed	
	From	To				Semester	Quarter			
a) High School				Yes	No					
b)				Yes	No					
c)				Yes	No					
d)				Yes	No					
e) Other school/training completed				Hours Completed			Certificate Awarded			

13. **WORK EXPERIENCE:** The following section must be filled out completely. Begin with your present or most recent position and account for all experience within the past 10 years, whether related to the position you are applying for or not. Voluntary non-paid experience will be accepted if job-related. Use additional sheets, if necessary. You may submit a resume or other supporting documentation if you wish, but that does not substitute for completion of this section. **Do not write "see resume" only in "describe your duties" box.**

A) FROM: Month / Year	TO: Month / Year	TOTAL: ___Yrs / ___Months	Exact title of position:		
Name and address of employer: _____ _____			Describe your duties: _____		
Name and title of Supervisor: _____			Supervisor's Phone Number: _____		
Reason for Leaving:			Number of people supervised:	Hrs/week:	Final Salary: (/mo or hr)

B) FROM: Month / Year	TO: Month / Year	TOTAL: ___Yrs / ___Months	Exact title of position:		
Name and address of employer: _____ _____			Describe your duties: _____		
Name and title of Supervisor: _____			Supervisor's Phone Number: _____		
Reason for Leaving:			Number of people supervised:	Hrs/week:	Final Salary: (/mo or hr)

C) FROM: Month / Year	TO: Month / Year	TOTAL: ___Yrs / ___Months	Exact title of position:		
Name and address of employer: _____ _____			Describe your duties: _____		
Name and title of Supervisor: _____			Supervisor's Phone Number: _____		
Reason for Leaving:			Number of people supervised:	Hrs/week:	Final Salary: (/mo or hr)

D) FROM: Month / Year	TO: Month / Year	TOTAL: ___Yrs / ___Months	Exact title of position:		
Name and address of employer: _____ _____			Describe your duties: _____		
Name and title of Supervisor: _____			Supervisor's Phone Number: _____		
Reason for Leaving:			Number of people supervised:	Hrs/week:	Final Salary: (/mo or hr)

14. **CERTIFICATIONS:**

- I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and that any misstatements, omissions, or falsification of material facts will be considered cause for termination of my employment with the Novato Sanitary District.
- I understand that employment is contingent upon successful completion of a job-related physical examination (which includes drug and alcohol screening for safety sensitive positions), and criminal background investigation.
- I authorize the release of any information necessary to verify the statements made in this application to the Novato Sanitary District or its duly authorized employees or agents. The District policy is that we will not contact your present employer unless a job offer is being seriously considered.
- I understand that employment is contingent upon my provision of identity verification and legal right to work in the U. S. pursuant to Federal law and upon signing a loyalty oath, pursuant to State law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Thank you for your interest in employment with the Novato Sanitary District