



# Novato Sanitary District

An Equal Opportunity Employer

## Employment Application

Submit application to:

500 Davidson Street  
Novato, CA 94945

OR  
[jobs@novatosan.com](mailto:jobs@novatosan.com)

Please type or print in ink.....Incomplete or illegible applications may not be accepted

Position Applying for:

_____ Position Title	Have you ever applied for a job at Novato Sanitary District? If Yes, when: <table style="float:right"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

Personal Information

<table style="width:100%"> <tr> <td style="width:33%">Last _____</td> <td style="width:33%">First _____</td> <td style="width:33%">Middle Initial _____</td> </tr> <tr> <td>Number, Street, Apt. No _____</td> <td>City _____</td> <td>State _____ Zip _____</td> </tr> <tr> <td>\$ _____ /month</td> <td colspan="2">Where did you first hear about this position?</td> </tr> </table>	Last _____	First _____	Middle Initial _____	Number, Street, Apt. No _____	City _____	State _____ Zip _____	\$ _____ /month	Where did you first hear about this position?		Best Contact Number Cell Phone _____ Home Phone _____ Work Phone _____
Last _____	First _____	Middle Initial _____								
Number, Street, Apt. No _____	City _____	State _____ Zip _____								
\$ _____ /month	Where did you first hear about this position?									

Education, Training and Credentials

High School Name / GED (minimum required):

Educational Institutions	Course of Study / Major	Type Degree/Certification	Date Completed	If not complete, units completed	
				#	years, hours, semesters, etc

List any licenses, certificates, or registrations applicable to this job (e.g., driver's license, CWEA Certifications, California certificate of registration as a Professional Engineer).

Title	Date Issued	Expiration Date	Number
CA Driver's License Class _____			

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

Other Qualifications

Can you provide verification of your eligibility to legally work in the United States pursuant to Federal law?	Yes	No
Do you have any physical or mental condition which may inhibit your ability to participate in planned testing for this position? If so, please indicate what accommodation you feel is necessary to assist you.	Yes	No
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. A yes answer is not necessarily a bar to employment as each case is given individual consideration based upon job relatedness.	Yes	No

It is the District's policy to not employ or allow family members, domestic partners, or persons involved in a relationship to work in the same department, or in any assignment at the District without prior review and permission. Please identify any person(s) working at NSD to whom you are related or in a relationship:

