

LAS GALLINAS VALLEY SANITARY DISTRICT

Application For Employment



101 Lucas Valley Rd. Suite 300, San Rafael, CA
94903 Phone: 415-472-1734 Fax: 415-499-7715

WWW.LGVSD.ORG Email completed application to jobs@lavsds.org

GENERAL DATA

Position Applying For: _____ Date of Application: _____
TITLE OF POSITION

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Home Phone: _____ Business Phone: _____ Cell Phone: _____

CA Driver's License: _____ Class: _____

Mailing Address (if different from above): _____

E-mail Address: _____

PERSONAL DATA

Can you, after employment, submit verification of your legal right to work in the U.S.? YES NO

Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years? If yes, give name and address of the employers, reason for each release and dates of employment.

YES NO

(NOTE: A "YES" answer is not necessarily an automatic bar to employment. Each case will be considered on its own merit.)

APPLICABLE SKILLS

Equipment used:

Other training/skills:

Supervisory Experience: YES NO Please describe: _____

EMPLOYMENT HISTORY



Instructions: (No resumes in lieu of application):

1. List present or most recent position first;
2. Account for all time (including military service) for at least the past 10 years;
3. Include all paid and unpaid experience which you feel qualifies you for this position;
4. If more space is needed, attach extra sheets.

May We Write or Call About Your Qualifications?	Present Employer(s)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Past Employers?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Dates of Employment (Month, Year) From: To:		Exact Title of Your position									
Name of Firm or Organization		Address of Employer (include City and State)						Phone Number			
Type of Business or Organization		Name and title of Immediate Supervisor				Are you Still Employed?					
						YES		<input type="checkbox"/>		No	
No. of Employees you Supervise(d)		Titles or Jobs of Those you Supervise(d)									
Describe Your Duties:											
May We Write or Call About Your Qualifications?	Present Employer(s)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Past Employers?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Dates of Employment (Month, Year) From: To:		Exact Title of Your position									
Name of Firm or Organization		Address of Employer (include City and State)						Phone Number			
Type of Business or Organization		Name and title of Immediate Supervisor				Are you Still Employed?					
						YES		<input type="checkbox"/>		No	
No. of Employees you Supervise(d)		Titles or Jobs of Those you Supervise(d)									
Describe Your Duties:											
May We Write or Call About Your Qualifications?	Present Employer(s)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Past Employers?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Dates of Employment (Month, Year) From: To:		Exact Title of Your position									
Name of Firm or Organization		Address of Employer (include City and State)						Phone Number			
Type of Business or Organization		Name and title of Immediate Supervisor				Are you Still Employed?					
						YES		<input type="checkbox"/>		No	
No. of Employees you Supervise(d)		Titles or Jobs of Those you Supervise(d)									
Describe Your Duties:											

PROFESSIONAL APPLICANTS

Professional License _____ Type _____ Exp. Date _____
 Other _____ Type _____ Exp. Date _____

You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status of any other protected status.

EDUCATION AND TRAINING

TYPE	NAME OF SCHOOL AND ADDRESS	NO. OF YRS.	DID YOU GRADUATE?			MAJOR SUBJECT	DEGREE/DIPLOMA/CERTIFICATION
HIGH SCHOOL			YES	<input type="checkbox"/>	<input type="checkbox"/>		
			NO	<input type="checkbox"/>	<input type="checkbox"/>		
UNIVERSITY OR COLLEGE(S)			YES	<input type="checkbox"/>	<input type="checkbox"/>		
			NO	<input type="checkbox"/>	<input type="checkbox"/>		
UNIVERSITY OR COLLEGE(S)			Yes	<input type="checkbox"/>	<input type="checkbox"/>		
			No	<input type="checkbox"/>	<input type="checkbox"/>		
BUSINESS OR TRADE SCHOOL			Yes	<input type="checkbox"/>	<input type="checkbox"/>		
			No	<input type="checkbox"/>	<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. I hereby authorize the release of any information necessary to verify the statements made in this application to Las Gallinas Valley 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, as required by law.

I understand and agree to the above.

Signature of Applicant _____ Date _____

An Equal Opportunity Employer

Postmark applications no later than the advertised deadline date to:

**Las Gallinas Valley Sanitary District
 101 Lucas Valley Rd. Suite 300, San Rafael, CA 94903**

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