

ORO LOMA SANITARY DISTRICT

2655 Grant Avenue
Email: info@oroloma.org

San Lorenzo, CA 94580

Telephone (510) 276-4700
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EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT IN INK, INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED. RETURN TO ABOVE ADDRESS

TITLE OF POSITION		DATE	
APPLICANTS NAME	LAST	FIRST	MIDDLE
ADDRESS NUMBER	STREET	CITY	STATE ZIP
HOME TELEPHONE	WORK TELEPHONE		ARE YOU UNDER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE OTHER NAME(S) UNDER WHICH YOU HAVE WORKED	DRIVERS LIC. #	CLASS	STATE EXP. DATE

I AM AVAILABLE FOR EMPLOYMENT ON A:
 TEMPORARY BASIS PART-TIME BASIS FULL-TIME BASIS

AVAILABLE FOR SHIFT:
 DAY SWING NIGHT

IF A CONDITIONAL JOB OFFER IS MADE, YOU WILL BE ASKED TO PROVIDE INFORMATION REGARDING ANY CONVICTIONS FOR FELONIES OR MISDEMEANORS WHICH RESULTED IN IMPRISONMENT WITHIN THE PAST SEVEN. I WILL PROVIDE THE REQUIRED INFORMATION UPON REQUEST:
 YES NO

IF NO, EXPLAIN:

The district is committed to employ only U.S. citizens and legal aliens authorized to work in the U.S. If employed, you will be required to submit verification of your legal right to work in U.S. as referenced by the immigration reform act of 1986. If employed, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY RELATIVES OR FRIENDS CURRENTLY EMPLOYED BY ORO LOMA SANITARY DISTRICT? (CIRCLE ONE ANSWER) YES NO NAME: RELATIONSHIP
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EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED 8 9 10 11 12 G.E.D. COLLEGE 1 2 3 4 POST-GRADUATE

EDUCATIONAL INSTITUTION	LOCATION	MAJOR SUBJECT	UNITS COMPLETED	DEGREE OR CERTIFICATE
Name of High School				
Name of College/University/ Trade School				
Name of College/University/ Trade School				

Licenses, Certifications or Professional Registrations

TYPE	NUMBER	EXPIRATION DATE
TYPE	NUMBER	EXPIRATION DATE

PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS

LIST YOUR WORK EXPERIENCE FOR THE LAST 10 YEARS BEGINNING WITH YOUR MOST CURRENT OR MOST RECENT EXPERIENCE. INCLUDE MILITARY OR VOLUNTEER SERVICE IF IT IS RELATED TO THIS POSITION. LIST EACH PROMOTION SEPARATELY. EXPERIENCE BEYOND 10 YEARS AGO SHOULD BE INCLUDED, BUT ONLY IF IT IS DIRECTLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING.

A RESUME MAY BE ATTACHED BUT IS NOT TO BE A SUBSTITUTE FOR COMPLETING THIS SECTION. THIS SECTION MUST BE COMPLETED. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY ELIMINATE YOU FROM CONSIDERATION FOR THE POSITION.

WORK HISTORY		
NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS	NO. OF PEOPLE YOU SUPERVISED:	IMMEDIATE SUPERVISOR/PHONE#
CITY STATE ZIP CODE	REASON FOR LEAVING:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED (MONTH/YEAR): FROM _____ TO _____	BRIEF DESCRIPTION OF DUTIES:	
STARTING JOB TITLE/HOURS PER WEEK:		
FINAL JOB TITLE/HOURS PER WEEK:		

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ADDRESS	NO. OF PEOPLE YOU SUPERVISED:	IMMEDIATE SUPERVISOR/PHONE#
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STARTING JOB TITLE/HOURS PER WEEK:		
FINAL JOB TITLE/HOURS PER WEEK:		

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DATES EMPLOYED (MONTH/YEAR): FROM _____ TO _____	BRIEF DESCRIPTION OF DUTIES:	
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STARTING JOB TITLE/HOURS PER WEEK:		
FINAL JOB TITLE/HOURS PER WEEK:		

CERTIFICATION	
<ol style="list-style-type: none"> I hereby certify that all statements made in this application are true and complete, and any misstatements, omissions, or falsification of material facts will be considered cause for termination of my employment with Oro Loma Sanitary District. I understand that I will not be disqualified automatically from employment if a relative of mine is employed by Oro Loma Sanitary District. I also understand that my failure to disclose that I am a relative of an employee of Oro Loma Sanitary District may be grounds for my dismissal in the event I am hired by the District. I understand that employment is contingent upon my providing verification of my identity and legal right to work in the United States of America. I understand that I must maintain a driving record which meets the District insurance requirements. 	
DATE _____	SIGNATURE OF APPLICANT _____