



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I. _____ TODAY'S DATE : _____

IF APPLICABLE, LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN. FOR EXAMPLE, CHANGE OF NAME, USE OF AN ASSUMED NAME, NICKNAME, ETC.: _____

MAILING ADDRESS: _____
STREET/PO BOX _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP _____

PHONE: _____-_____-_____- ALT. PHONE: _____-_____-_____- EMAIL ADDRESS: _____

IF YOU ARE UNDER THE AGE OF 18, CAN YOU FURNISH A WORK PERMIT IF IT IS REQUIRED? YES _____ NO _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____

HAVE YOU EVER WORKED FOR THE DISTRICT BEFORE? YES _____ NO _____ IF YES, GIVE DATES : _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THE DISTRICT? YES _____ NO _____ IF YES, PLEASE STATE NAME(S): _____

HOW DID YOU FIRST HEAR ABOUT THIS JOB? _____

EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR? 1ST CHOICE _____ 2ND CHOICE _____

DATE AVAILABLE: _____ FULL TIME: _____ PART TIME: _____ DESIRED RATE OF PAY: _____

IF DRIVING IS AN ESSENTIAL DUTY OF THE JOB WHICH YOU ARE APPLYING FOR: DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES _____ NO _____

ISSUING STATE: _____ CLASS: _____ NUMBER: _____ EXPIRATION: _____

EDUCATION	LIST SCHOOLS AND/OR BRANCH OF SERVICE AND CITY/STATE	LEVEL ATTAINED/ TYPE OF DEGREE
HIGH SCHOOL	_____	_____
COLLEGE	_____	_____
U.S. MILITARY SVC.	_____	_____
TRADE SCHOOL	_____	_____

CERTIFICATIONS

CWEA CERTIFICATIONS

COLLECTION SYSTEM MAINTENANCE:	GRADE 1 _____	GRADE 2 _____	GRADE 3 _____	GRADE 4 _____
PLANT MAINTENANCE MECHANICAL TECHNOLOGIST:	GRADE 1 _____	GRADE 2 _____	GRADE 3 _____	GRADE 4 _____
PLANT MAINTENANCE ELECTRICAL/INSTRUMENTATION:	GRADE 2 _____	GRADE 3 _____	GRADE 4 _____	

LIST ADDITIONAL RELEVANT SKILLS, QUALIFICATIONS, LICENSES, AND CERTIFICATIONS:

REFERENCES - PLEASE PROVIDE THREE PROFESSIONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS:

	NAME	ADDRESS	TELEPHONE	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT HISTORY:

- PROVIDE EMPLOYMENT HISTORY FOR THE PAST 7 YEARS - BEGIN WITH THE MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN SPACE PROVIDED BETWEEN POSITIONS.

DATES	COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE #	JOB TITLE JOB DUTIES	REASON FOR LEAVING
END DATE _____ START DATE _____			
END DATE _____ START DATE _____			
END DATE _____ START DATE _____			
END DATE _____ START DATE _____			
END DATE _____ START DATE _____			

I understand that the District is relying upon all of the representations, both written and oral, which I make during the entire process of applying for employment with Truckee Sanitary District. I acknowledge that Truckee Sanitary District has the right to investigate any other information that the District believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I hereby agree to hold Truckee Sanitary District, its officers, and agents harmless from any and all liability resulting in any way from such investigation. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records, and I hereby release them from all liability for divulging same.

I understand that if Truckee Sanitary District employs me, my employment will be "at-will" and either I or the District may terminate my employment at any time, with or without notice and with or without reason. No supervisor or representative of Truckee Sanitary District other than the General Manager and/or the Board of Directors has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to at-will employment.

I have read and understand the foregoing application and agreement. By my signature below, this certifies that I completed this application and that all entries on it are true and complete.

I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and/or may result in my immediate discharge at any time during my employment.

Applicant signature

Date

Print full name

We are an Equal Opportunity Employer

All applicants will be considered for employment without regard to sex, race, color, religion, gender, sexual orientation, gender identity or expression, national origin or ancestry, citizenship, age, physical or mental disability, medical condition, pregnancy, genetic information, marital status or registered domestic partner status, military, or veteran status or any other characteristic protected by applicable federal, state or local laws.

TRUCKEE SANITARY DISTRICT

PROHIBITED MATERIAL CHEMICAL TESTING
USE AND CONSENT FORM

(Must Be Returned with Completed Application)

The undersigned applicant for employment with the TRUCKEE SANITARY DISTRICT (District) understands that as part of the District's pre-employment testing procedure, he/she is required to submit a sample(s) to the District's designated medical specialist/independent laboratory upon which chemical tests will be performed for the purpose of examination and analysis for the possible presence of prohibited materials (as defined in the District's Drug and Alcohol Policy) in his/her bodily system.

The undersigned applicant further understands that "positive" results from any test conducted in accordance with the District's pre-employment testing procedure which are not adequately and sufficiently explained below shall be grounds for disqualification from employment. The applicant understands that he/she may be again required to submit a sample(s) to the District's designated medical specialist/independent laboratory for re-examination and analysis, the results of which must be negative for him/her to be considered for employment with the District.

Print Applicant's Name

Date

Applicant's Signature

Witness

OPTIONAL TO APPLICANT

To the best of my knowledge, chemical testing of samples I submit in accordance with the above requirements may show the presences of prohibited materials in my bodily systems for the following reasons: