



MT. VIEW SANITARY DISTRICT

An Equal Opportunity Employer

Employment Application

Date: _____

Name _____
Last First Middle

Business Telephone (____) _____ Home Telephone (____) _____

Social Security No. _____

Present Address: _____
No. Street City State Zip

Permanent Address if different from present address

_____ No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?..... Yes ___ No ___

Regular part-time work?..... Yes ___ No ___

Temporary work, e.g., summer or holiday work?..... Yes ___ No ___

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

Are you available for work on weekends? Yes ___ No ___

Would you be available to work overtime, if necessary? Yes ___ No ___

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Mt. View Sanitary District before?..... Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for Mt. View Sanitary District?..... Yes ___ No ___

If yes, state name(s) and relationship:

Why are you applying for work at Mt. View Sanitary District?

If hired, would you have a reliable means of transportation to and from work? Yes ___ No ___

Are you at least 18 years old? Yes ___ No ___
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?Yes ___ No ___

If no, describe the functions that cannot be performed:

(Note: MVSD complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed?.....Yes ___ No ___

If so, may we contact your current employer?..... Yes ___ No ___

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate	Degree or Diploma
High School			Yes _____ No _____	
College/ University			Yes _____ No _____	
Vocational/ Business			Yes _____ No _____	

Many of our customers do not speak English. Do you speak, write, or understand any foreign languages?

Yes ___ No ___

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Mt. View Sanitary District? If so please explain.

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for?..... Yes ___ No ___

Name of license/certification _____

Issuing Agency _____

License/certification number _____

Has your license/certification ever been revoked or suspended?..... Yes ___ No ___

If yes, state reasons(s), date of revocation or suspension, and date of reinstatement:

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position & Duties:

Date of Employment: From _____ To _____

Reason for Leaving:

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position & Duties:

Date of Employment: From _____ To _____

Reason for Leaving:

EMPLOYMENT HISTORY, continued.

Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties

Date of Employment: From _____ To _____

Reasons for Leaving:

Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position & Duties:

Date of Employment: From _____ To _____

Reason for Leaving:

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes ___ No ___

If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph, and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am qualified for employment I must pass a job related physical examination and may be required to answer questions regarding past criminal convictions, if any.

_____ I understand that if I am qualified for employment, offers of employment are contingent upon passing a pre-employment drug screening examination showing fitness for District work and a pre-employment evaluation to determine my ability to perform job-related functions. This exam is consistent with the District's Drug and Alcohol-free Workplace Policy.

_____ I understand that nothing contained in the application or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between me and the Mt. View Sanitary District. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Mt. View Sanitary District, and that no promises or representations contrary to the foregoing are binding on the Mt. View Sanitary District unless made in writing and signed by me and the Mt. View Sanitary District's designated representative.

Date _____

Applicant's Signature _____

AUTHORIZATION AND RELEASE OF FORMER EMPLOYERS TO DISCLOSE INFORMATION

_____ I hereby authorize Mt. View Sanitary District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Mt. View Sanitary District any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Mt. View Sanitary District, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Date _____

Applicant's Signature _____