

# LAS GALLINAS VALLEY SANITARY DISTRICT

## Application For Employment

300 SMITH RANCH ROAD, SAN RAFAEL, CA 94903

PHONE: 415-472-1033 ext. 22 FAX: 415-499-7715

[WWW.LGVSD.ORG](http://WWW.LGVSD.ORG) Email completed application to [info@lgsd.org](mailto:info@lgsd.org)

### GENERAL DATA

Position Applying For: _____	Date of Application: _____
TITLE OF POSITION	
Name: _____	Social Security No: _____
LAST FIRST MIDDLE	
Address: _____	_____
NUMBER STREET CITY STATE ZIP CODE	
Home Phone: _____	Bus. Phone: _____
Cell Phone: _____	
( optional)	
CA Driver's Lic.#: _____	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 <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of reckless driving or driving under the influence of alcohol or illegal drugs, OR has your Driver's License ever been suspended or revoked as a result of conviction(s) of driving violation(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If "YES" to any of the above, please explain and list offense(s) and date(s) of conviction(s). (NOTE: conviction is not an automatic bar to employment. Each case will be considered on its own merit.)</i>
_____
_____
_____
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 <input type="checkbox"/> NO <input type="checkbox"/>
_____
_____
(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:

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Other training/skills:

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Supervisory Experience: YES  NO  Please Identify: \_\_\_\_\_

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## 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	Hrs. per Week	Earnings	Per		
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 <input type="checkbox"/>				
No. of Employees you Supervise(d)	Titles or Jobs of Those you Supervise(d)					
Describe Your Duties:						
Dates of Employment (Month, Year) From: _____ To: _____	Exact Title of Your position	Hrs. per Week	Earnings	Per		
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 <input type="checkbox"/>				
No. of Employees you Supervise(d)	Titles or Jobs of Those you Supervise(d)					
Describe Your Duties:						

Dates of Employment (Month, Year) From: _____ To: _____	Exact Title of Your position	Hrs. per Week	Earnings \$ _____	Per
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 <input type="checkbox"/>		
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 _____

### 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"/> NO <input type="checkbox"/>		
UNIVERSITY OR COLLEGE(S)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
UNIVERSITY OR COLLEGE(S)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
BUSINESS OR TRADE SCHOOL			YES <input type="checkbox"/> NO <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 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:  
**300 SMITH RANCH ROAD, SAN RAFAEL, CA 94903**  
 Email completed application to **info@lgvsd.org**