



Application For Employment

300 SMITH RANCH ROAD, SAN RAFAEL, CA 94903

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

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

GENERAL DATA

Position Applying For: TITLE OF POSITION Date of Application:

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

Blank lines for providing details of employment history.

(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:

Blank lines for listing equipment used.

Other training/skills:

Blank lines for listing other training/skills.

Supervisory Experience: YES NO Please describe:

Blank line for describing supervisory experience.

# 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	NO	Past Employers?	YES	NO
Dates of Employment (Month, Year) From: To:	Exact Title of Your position			Hours 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		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	NO	Past Employers?	YES	NO
Dates of Employment (Month, Year) From: To:	Exact Title of Your position			Hours 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		No
No. of Employees you Supervise(d)	Titles or Jobs of Those you Supervise(d)					
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May We Write or Call About Your Qualifications?	Present Employer(s)?	YES	NO	Past Employers?	YES	NO
Dates of Employment (Month, Year) From: To:	Exact Title of Your position			Hours 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		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"/>		
			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 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 Road, Suite 300  
 San Rafael, CA 94903**

Email completed application to [jobs@lqvsd.org](mailto:jobs@lqvsd.org)