



ORO LOMA SANITARY DISTRICT

2600 Grant Avenue

SAN LORENZO, CALIFORNIA 94580

Telephone (510) 276-4700

Fax (510) 276-1528

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 <input type="checkbox"/> TEMPORARY BASIS <input type="checkbox"/> PART-TIME BASIS <input type="checkbox"/> FULL-TIME BASIS		AVAILABLE FOR SHIFT: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR, WITHIN THE PAST TWO YEARS, OF A MISTEMEANOR WHICH RESULTED IN IMPRISONMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, 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 CURRENTLY EMPLOYED BY ORO LOMA SANITARY DISTRICT? YES NO	
		NAME	
		RELATIONSHIP	

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

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 FROM		TO	
STARTING JOB TITLE/SALARY/HOURS PER WEEK		BRIEF DESCRIPTION OF DUTIES	
FINAL JOB TITLE/SALARY/HOURS PER WEEK			

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DATES EMPLOYED FROM		TO	
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FINAL JOB TITLE/SALARY/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