

East Palo Alto Sanitary District

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

If a question does not apply to you, mark that question not applicable (N/A). Failure to answer every question may cause your application to be rejected. Please print.

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address Number Street	City	State Zip Code
Telephone Number(s)	Social Security Number	

PERSONAL

If hired, can you furnish proof that you are at least 18 years of age?..... Yes No

If not, employment is subject to verification that you are of minimum legal age of that you are able to supply any required work permit.

Have you ever filled an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before?..... Yes No

If Yes, give date _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it?..... Yes No

Are you available to work overtime if required?..... Yes No

Have you been convicted of a felony within the last 7 years?..... Yes No

Conviction will not necessarily disqualify an applicant from employment since the nature of the offense, date, and type of job for which you are applying for will be considered.

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

List below all present and past employment for the last 5 years beginning with your most recent employer. Include prior relevant experience and fill in periods of unemployment or periods not accounted for below. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1.	Job Title	FROM Mo/Yr	TO Mo/Yr	Work Performed
	Employer			
	Address	Starting Salary	Final Salary	
	Telephone Number(s)			Supervisor
	Reason for Leaving			
2.	Job Title	FROM Mo/Yr	TO Mo/Yr	Work Performed
	Employer			
	Address	Starting Salary	Final Salary	
	Telephone Number(s)			Supervisor
	Reason for Leaving			
3.	Job Title	FROM Mo/Yr	TO Mo/Yr	Work Performed
	Employer			
	Address	Starting Salary	Final Salary	
	Telephone Number(s)			Supervisor
	Reason for Leaving			
4.	Job Title	FROM Mo/Yr	TO Mo/Yr	Work Performed
	Employer			
	Address	Starting Salary	Final Salary	
	Telephone Number(s)			Supervisor
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above? _____

If not, indicate by number which one(s) you do not wish us to contact.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

	High School				Undergraduate College/University				Graduate/ Professional			
School Name/ Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4+
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

Do you have any language abilities (such as reading or speaking a foreign language) that might help you perform the job(s) for which you are applying? If Yes, please describe _____

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.

PERSONAL REFERENCES

(Not former employers or relatives)

Name and Occupation	Address	Telephone Number

Have you ever had any job-related training in the United States Military? Yes No

If Yes, please describe _____

**PRE-EMPLOYMENT/EMPLOYEE CONSENT FOR PHYSICAL
EXAMINATION, DRUG/ALCOHOL TESTING AND THE
RELEASE OF FINDINGS AND INFORMATION**

I, _____, voluntarily agree to take a physical examination which may include drug/alcohol screening, a chest x-ray, blood and/or urine analysis and authorize the physician, medical center, hospital, or medically qualified personnel to release the results of these tests and examination results to the East Palo Alto Sanitary District or any of its authorized representatives. I understand that the purpose of the examination and tests is to determine that I can perform the essential functions of my job and that the examining physician will be provided with a description of the Job Summary for my position so that an accurate assessment of my ability to perform my duties can be made.

By this authorization I do hereby release any physician, medical personnel, hospital, medical center, clinic, etc. and the East Palo Alto Sanitary District or any of its authorized representatives from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination test results.

I understand that I am entitled to request a copy of my signed authorization and release.

Applicant's Name

Date

Applicant's Signature

Witness

Date

Title

**APPLICANT'S CERTIFICATION AND AUTHORIZATION TO
RELEASE INFORMATION**

(Please Read 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 any document used to secure employment may result in denial of employment or in immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize the East Palo Alto Sanitary District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize my former employees to disclose to the East Palo Alto Sanitary District any and all letters, reports, and other information related to my work record without giving me prior notice of such disclosure. In addition, I hereby release the East Palo Alto 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.

I understand that upon an offer of employment, I am required to take a pre-employment physical examination at the organization's expense which includes a drug and alcohol screening test and that employment is conditioned upon receipt of my signed authorization to release medical information and successful completion of the physical examination.

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 myself or the East Palo Alto Sanitary District and that no promises or representations contrary to the foregoing are binding on the East Palo Alto Sanitary District unless made in writing and signed by me and the General Manager of the East Palo Alto Sanitary District.

Date

Applicant's Signature

EAST PALO ALTO SANITARY DISTRICT
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Government agencies require periodic reports on sex, ethnicity, handicapped and veteran status of applicants and incumbent employees. This data is only for statistical and analytical purposes. Submission of information is voluntary and will not be used to make any employment decision which may affect you. Your response to this survey will be detached from your application and kept separate and confidential.

POSITION APPLIED FOR: _____

DATE: _____

Check one:

Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native
 Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran
 Handicapped Individual _____

If so, please describe: _____