



Rodeo Sanitary District

800 San Pablo Ave. Rodeo, CA 94572

Tel: (510) 799-2970 / Fax: 510-799-5403

An Equal Opportunity Employer

Employment Application

Date: _____

Name _____
Last First Middle

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

Social Security # _____

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 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 Rodeo Sanitary District before?..... Yes No

If yes, when?_____

Do you have any friends or relatives working for Rodeo Sanitary District?.....Yes No

If yes, state name(s) and relationship_____

Why are you applying for work at Rodeo 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 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: RSD 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 drug screening, as well as a Dept of Transportation/DMV physical for those positions requiring a commercial drivers license).

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 that you feel make you especially suited for work at Rodeo 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 and Duties _____

Date of Employment: From _____ To _____

Pay Amount & Frequency: Starting _____ Ending _____

Reason for Leaving: _____

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 _____

Pay Amount & Frequency: Starting _____ Ending _____

Reason for Leaving: _____

EMPLOYMENT HSTORY 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 _____

Pay Amount & Frequency: Starting _____ Ending _____

Reason for Leaving: _____

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 _____

Pay Amount & Frequency: Starting _____ Ending _____

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 I must pass a job-related physical examination if I am qualified for employment.

_____ 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 physical evaluation to confirm my ability to perform job-related functions.

This exam is consistent with the District's Drug and Alcohol-free Workplace Policy.

_____ If the position for which I am applying requires a commercial drivers' (i.e. Class A or B); I understand that I will also have to pass the medical standards applied by the California DMV (per the federal Dept of Transportation) for such license. More information about these medical standards can be found on the DMV website (e.g. <https://www.dmv.ca.gov/portal/driver-licenses-identification-cards/commercial-driver-licenses-cdl/commercial-driver-license-medical-eligibility-exams/>) Standards required as of the time of drafting this application are attached and general information.

_____ 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 Rodeo 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 Rodeo Sanitary District, and that no promises or representations contrary to the foregoing are binding on the Rodeo Sanitary District unless made in writing and signed by the Rodeo Sanitary District designated representative. (i.e General Manager or Board President) (e.g. the applicable memorandum of understanding).

Date _____

Applicant's Signature _____