

San Andreas Sanitary District
P.O. Box 1630 San Andreas Ca 95249
209-754-3281

The District has a policy (2280) of requiring a pre-employment physical examination with the District's physician. This may include toxicology screening for drugs and alcohol.

Feel free to include your Resume, but it is no substitute for this application.

1. Applicant's Information

Applicant Full Name: _____

Home Address: _____

Mailing if Different: _____

City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

2. Job Position applied for: _____

Are you able to work full time or part time? If no, describe _____

3. A valid C.D.L. is required for this job. If hired, can you provide proof? ____Yes ____No

4. If you are offered employment, when would you be available to begin work: _____

5. If you are hired, are you able to submit proof that you are legally eligible for employment in the United States: ____Yes ____No

6. Applicant's Skills

List any technical skills that are useful for the job you are seeking and number of years of experience.

Skill	Years of Experience
-------	---------------------

_____	_____
-------	-------

_____	_____
-------	-------

7. Certificates Held

Please list all professional licenses or certificates held that are applicable to this job position.

Certificate	Year Obtained
-------------	---------------

_____	_____
-------	-------

_____	_____
-------	-------

8. Applicant's Employment History (10-year History is typical; Attach additional sheets as necessary)

List your current or most recent employment first.

Employer Name: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Job Duties: _____

Hire Date: _____ End Date _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No Phone Number (_____) _____

Employer Name: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Job Duties: _____

Hire Date: _____ End Date _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No Phone Number (_____) _____

Employer Name: _____ Supervisor Name: _____

Address: _____ City/State/Zip: _____

Job Duties: _____

Hire Date: _____ End Date _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No Phone Number (_____) _____

9. Applicant's Education and Training

College/University Name: _____ Degree _____

Highs School/ GED Name: _____ City/State _____

Other Training technical or vocational _____
