

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: _____

Email: _____

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

2. Job Position applied for: _____

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

3. Are you willing to work weekends and Holidays or overtime? ____ Yes ____ No

4. A valid C.D.L. is required for this job. If hired, can you provide proof? ____ Yes ____ No

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

6. If you are hired, are you able to submit proof that you are legally eligible for employment in the United States: ____ Yes ____ No

7. Certificates Held

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

Certificate	Year Obtained
_____	_____

Certificate	Year Obtained
_____	_____

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.

a. Employer Name: _____

Supervisor Name: _____ Hire Date: _____ End Date _____

Address: _____ City/State/Zip: _____

Job Duties, Responsibilities and skills learned: _____

Reason for Leaving: _____

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

b. Employer Name: _____

Supervisor Name: _____ Hire Date: _____ End Date _____

Address: _____ City/State/Zip: _____

Job Duties, Responsibilities and skills learned: _____

Reason for Leaving: _____

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

c. Employer Name: _____

Supervisor Name: _____ Hire Date: _____ End Date _____

Address: _____ City/State/Zip: _____

Job Duties, Responsibilities and skills learned: _____

Reason for Leaving: _____

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

9. Applicant's Education and Training

a. College/University

Name: _____ Degree _____

Name: _____ Degree _____

b. Highs School/ GED Name: _____

City/State _____

c. Other Training technical or vocational

