

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: _____

3. Are you able to work full time, part time or either? _____

4. Are you willing to work weekends, Holidays, and overtime? ____ Yes ____ No

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

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

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

8. 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
_____	_____

9. 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 (____) _____

10. 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

