

Susanville Sanitary District

45 S. Roop Street/P.O. Box 152
Susanville, CA 96130
(530) 257-5665 Phone (530) 251-5328 Fax
susanvillesanitarydistrict.com

Application for Employment

GENERAL INFORMATION

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security # _____

Position applied for _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony? (Conviction does not automatically bar you from employment) Yes No

If yes, please describe conditions. _____

EDUCATION

Did you graduate from high school or receive a GED certificate Yes No

School Name and Location _____ Major _____ Year _____ Degrees Conferred _____

College _____ Completed Yes No

Other Training/Certificates _____ Completed Yes No

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Prior District Employment

Have you or any relatives ever been employed by Susanville Sanitary District? Yes No

If Yes, please explain: _____

Will you accept part-time employment? Yes No

Driving Information

Valid California Drivers License Yes No License Number: _____

Valid CDL Class License Yes No License Number/Class: _____

Employment History

(Start with most recent employer)

Company Name _____
Address _____ Telephone _____
Start/End Date _____/_____/_____ Start/End Wage _____/_____/_____
Start/End Position _____/_____/_____
Name of Supervisor _____ May we contact? Yes No
Job Duties _____
_____ Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Start/End Date _____/_____/_____ Start/End Wage _____/_____/_____
Start/End Position _____/_____/_____
Name of Supervisor _____ May we contact? Yes No
Job Duties _____
_____ Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Start/End Date _____/_____/_____ Start/End Wage _____/_____/_____
Start/End Position _____/_____/_____
Name of Supervisor _____ May we contact? Yes No
Job Duties _____
_____ Reason for leaving _____

Please attach Resume

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Signature _____ Date _____.