Maintenance/Collection System Worker

## STEGE SANITARY DISTRICT APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

## **INSTRUCTIONS:**

Please fill out this application completely on both sides. If you need more space, attach a separate sheet. Please print or type and return application to address listed below.

## **RETURN TO:**

## STEGE SANITARY DISTRICT

7500 Schmidt Lane, El Cerr	rito, CA 94530 • jobs@	stegesan.org • (510) 5	524-4668
Print or Type Name:	, J		
(Last)	(First)		(Middle)
Address:			
(Number) (Street)	(City)	(State)	(Zip)
Home Phone ( ) Business Ph	none ( )	Social Security No:	
Are you over eighteen years of age? Yes [	] No [ ]	Driver's License No	
If hired, can you furnish proof of age? Yes [	] No [ ]	StateExp. I	Date
Have you ever worked for Stege Sanitary District?	Yes [ ]No [ ]	NOTE: Attach current copy	y of driving record from DMV
Do you now or have you ever had any relatives emp	loyed by Stege Sanitary District	Yes [ ] No [ ]	If yes, name:
Are you either a U.S. citizen or an alien authorized t	o work in the United States?	Yes [ ] No [ ]	
Are you able to perform the essential duties of the (Job description attached)  Yes [ ] No [ ] If necessary, please indicates the control of			
LICENSES AND CERTIFICATIONS:  1. California Water Environment Association (CW	/EA)		
Collection System Operator Certification:	Grade: Cert	ification No:	Issue Date:
2. Other:	Grade: Cert	ification No:	Issue Date:

EDUCATION	Name and Location of School	No. Years Attended	Did You Graduate?	Course of Study
Grammar School	1 (411) 4114 20 441011 01 2011001	7700000		Study
High School				
College				
Trade, Business or				
Correspondence				
School				

Date   Month & Year   Name & Address of Employer   Position   Reason for To	
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Yes, please explain the circumstances:  ay we contact your current employer?  Yes [] No []  No, please explain fully any gaps in your employment history:  ay we contact your current employer?  Yes [] No []  No, please explain:  Yes [] No []  there any additional information relative to change of name, use of an assumed name or nickname, which may be necess your work and educational record?  Yes [] No []  Yes, please explain:  REVIOUS EXPERIENCE: Please indicate any actual experience, special training and qualifications that you feel are re rewhich you are applying.  REFERENCES (Give the names of three persons not related to you, whom you have known at least one year.)  Name  Address  Business  1.  2.  3.  "I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSE, MISLEADING OR INCOMI INFORMATION WILL RESULT IN THE REJECTION OF MY APPLICATION, OR THE TERMINA OF MY EMPLOYMENT IF DISCOVERED AFTER I HAVE BEEN HIRED.  I authorize investigation of all statements contained herein and the references listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or of	
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