



EMPLOYMENT APPLICATION

Recruitment Office
 5072 Benson Road
 Union City, CA 94587
 Phone: (510) 477-7500
 Fax: (510) 477-9772
 Email: jobs@unionsanitary.com
 Website: www.unionsanitary.com

FOR HR USE ONLY

Application #: _____
 Received on: ___ / ___ / ___
 Mail E-mail Fax In-Person
 Supplement Yes No N/A
 Signature Yes No

Please type or print in ink. Complete a separate application for each position. Return to above address.

Position

Open Position You Are Applying For:

Applicant Information

Last Name		First Name		Middle Initial	
Address Number and Street			City	State	Zip
Home Phone	Work Phone	Alternate Phone	E-mail address		
Last 4 digits of Social Security Number XXX-XX-	Driver's License No.		Class	State	Date Expires

The District employs only U.S. citizens and legal aliens authorized to work in the U.S.

If employed, can you submit verification of your legal right to remain and work in the United States? Yes No

Do you know anyone currently employed by Union Sanitary District?

Yes (Please complete the Recruitment Survey on page 5.) No

Please check each type of work you will accept:

Permanent Temporary Full Time Part Time Day Shift Night Shift

Education and Training

Name of School	Location	Did you graduate?		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED or equivalent		
Name of School	Location	Major	# of Units Completed	Type of Degree Completed
College/University				
Trade/Business School				

Licenses, Certificates, Professional Registrations and Memberships

Type/Name	Number	State	Expiration Date

Experience

Instructions: **No resume in lieu of application.**

1. List present or most recent position first.
2. Account for all time (including military service) for at least the past 10 years.
3. Include all paid and unpaid experience that qualifies you for this position, even if it was more than 10 years ago.
4. If more space is needed, attach extra sheets.
5. Sign the agreement on page 5.

Dates of Employment (Month, Year) From _____ To _____	Exact Title of Your Position	Hours per Week	Earnings \$ _____ per _____
Name of Firm or Organization	Address of Employer (include City and State)		Total # of Employees
Type of Business	Name and Title of Immediate Supervisor		Phone Number ()
No. of Employees You Supervised	Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason for leaving:	

Describe Your Duties:

Dates of Employment (Month, Year) From _____ To _____	Exact Title of Your Position	Hours per Week	Earnings \$ _____ per _____
Name of Firm or Organization	Address of Employer (include City and State)		Total # of Employees
Type of Business	Name and Title of Immediate Supervisor		Phone Number ()
No. of Employees You Supervised	Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason for leaving:	

Describe Your Duties:

Experience (Continued)

Dates of Employment (Month, Year)				Exact Title of Your Position		Hours per Week		Earnings	
From		To						\$ _____ per	
Name of Firm or Organization				Address of Employer (include City and State)				Total # of Employees	
Type of Business				Name and Title of Immediate Supervisor				Phone Number ()	
No. of Employees You Supervised				Are you still employed?		If no, reason for leaving:			
				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Your Duties:									
Dates of Employment (Month, Year)				Exact Title of Your Position		Hours per Week		Earnings	
From		To						\$ _____ per	
Name of Firm or Organization				Address of Employer (include City and State)				Total # of Employees	
Type of Business				Name and Title of Immediate Supervisor				Phone Number ()	
No. of Employees You Supervised				Are you still employed?		If no, reason for leaving:			
				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Your Duties:									
Dates of Employment (Month, Year)				Exact Title of Your Position		Hours per Week		Earnings	
From		To						\$ _____ per	
Name of Firm or Organization				Address of Employer (include City and State)				Total # of Employees	
Type of Business				Name and Title of Immediate Supervisor				Phone Number ()	
No. of Employees You Supervised				Are you still employed?		If no, reason for leaving:			
				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Your Duties:									

Experience (Continued)

Dates of Employment (Month, Year)				Exact Title of Your Position		Hours per Week		Earnings	
From		To						\$ _____ per	
Name of Firm or Organization				Address of Employer (include City and State)				Total # of Employees	
Type of Business				Name and Title of Immediate Supervisor				Phone Number	
								()	
No. of Employees You Supervised			Are you still employed?		If no, reason for leaving:				
			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Describe Your Duties:									
Dates of Employment (Month, Year)				Exact Title of Your Position		Hours per Week		Earnings	
From		To						\$ _____ per	
Name of Firm or Organization				Address of Employer (include City and State)				Total # of Employees	
Type of Business				Name and Title of Immediate Supervisor				Phone Number	
								()	
No. of Employees You Supervised			Are you still employed?		If no, reason for leaving:				
			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Describe Your Duties:									
Dates of Employment (Month, Year)				Exact Title of Your Position		Hours per Week		Earnings	
From		To						\$ _____ per	
Name of Firm or Organization				Address of Employer (include City and State)				Total # of Employees	
Type of Business				Name and Title of Immediate Supervisor				Phone Number	
								()	
No. of Employees You Supervised			Are you still employed?		If no, reason for leaving:				
			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Describe Your Duties:									

Have you ever been terminated (other than layoff), forced to resign, or rejected during probation within the last 10 years? If so, please list the employers, dates of employment and reasons below. If no, indicate "not applicable."

Conviction

Have you even been convicted of a felony or misdemeanor? A "conviction" is any plea, verdict or finding of guilt regardless of whether or not a court imposed a sentence. You may exclude any conviction for marijuana-related offenses, if over two years old. Please list all convictions since age 18, excluding minor traffic violations and convictions that have been sealed, expunged, or eradicated. Convictions do not automatically disqualify you. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position sought may be considered. If not, indicate "not applicable."

Agreement

Agreement of Applicant: I certify that the statements in this application and accompanying materials are true, complete and correct to the best of my knowledge, and understand that misrepresentation or deliberate omission of fact may subject me to disqualification or dismissal. I agree to furnish proof of education and citizenship or legal right to work in this country as may be required as a condition of employment.

Signature

Date

Recruitment Survey

If you know anyone currently employed by Union Sanitary District, please specify:

Name

Relationship

Name

Relationship

I first learned about this employment opportunity through:

- District Employee
- Friend or Relative
- Union Sanitary District Website
- Other Websites (please specify websites): _____
- Print Advertisement (please specify newspaper or magazine): _____
- Job Flyers Mailed to You
- School (please specify name of school): _____
- Other (please specify): _____