



APPLICATION FOR EMPLOYMENT

CENTRAL MARIN SANITATION AGENCY

1301 Andersen Drive, San Rafael, CA 94901-5339

Phone (415) 459-1455

Fax (415) 459-3971

www.cmsa.us

Please print in ink. Incomplete or illegible applications will not be accepted. Return to the address above.

Position Desired _____ [] Full Time
[] Part Time Date _____

PERSONAL DATA

Name _____
Last First Middle
Present Address _____ How long have you lived there? _____
Street City State Zip Years Months

Home Phone _____ Cell Phone _____

Email _____ Are you 18 years of age or older? [] Yes [] No

Do you have any friends or relatives working here? If Yes, Name _____ Relationship _____

Based on the job description, would you be able to perform the essential functions of the position with or without reasonable accommodation? [] Yes [] No

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

Professional License No./Type/Expiration Date _____

Wastewater License No./Type/Expiration Date _____

Other/Type/Expiration Date _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. A resume may be attached, but does not substitute for completing this application. (Add additional page if necessary).

<u>Present or Last Employer</u>	<u>Employed From</u> (mo/yr)	<u>Pay Start</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Street Address				
City, State, Zip Code	<u>To</u> (mo/yr)	<u>Final</u> \$	<u>Name and Title of Last Supervisor</u>	<u>Key Duties/Responsibilities</u>
Telephone				

<u>Previous Employer</u>	<u>Employed From</u> (mo/yr)	<u>Pay Start</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Street Address				
City, State, Zip Code	<u>To</u> (mo/yr)	<u>Final</u> \$	<u>Name and Title of Last Supervisor</u>	<u>Key Duties/Responsibilities</u>
Telephone				

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Street Address				
City, State, Zip Code	To (mo/yr)	Final \$	<u>Name and Title of Last Supervisor</u>	<u>Key Duties/Responsibilities</u>
Telephone				

<u>Previous Employer</u>	<u>Employed From</u> (mo/yr)	<u>Pay Start</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Street Address				
City, State, Zip Code	To (mo/yr)	Final \$	<u>Name and Title of Last Supervisor</u>	<u>Key Duties/Responsibilities</u>
Telephone				

Have you ever been terminated or asked to resign from any job? [] Yes [] No. If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? [] Yes [] No. If No, please explain:

Have you ever used another name? [] Yes [] No

Is any additional information relative to change of name, or use of an assumed name or nickname, necessary to enable a check on your work and educational record? If yes, please explain: _____

EDUCATION

School Name	Years completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

PERSONAL REFERENCES

Please list persons who know you well and are not previous employers or relatives.

Name	Occupation	Address, City, State	Phone	Yrs. known

CENTRAL MARIN SANITATION AGENCY IS AN EQUAL OPPORTUNITY EMPLOYER

The Agency offers reasonable accommodation to disabled applicants and employees. Qualified applicants with disabilities who can perform, with or without reasonable accommodation, the essential functions of the advertised position are encouraged to apply.

Applicant's Statement & Agreement

In the event of I am offered, and I accept, employment to a position in this Agency, I will comply with all the rules and regulations of this Agency. I understand that the Agency reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon my passing a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the Agency. Central Marin Sanitation Agency offers of employment are conditioned on the results of a physical capacity evaluation. The physical capacity evaluation allows job applicants to demonstrate their ability to perform the essential functions for the position as described in the job description. Test procedures, the essential functions for the position and the job description are available prior to the evaluation.

I understand that should I decline to sign this "Applicant's Statement & Agreement" or decline to take any of the above tests as required, my application for employment may be rejected or my employment may be terminated.

I understand that, in connection with my application for employment, the Agency may investigate my driving record and my criminal record, and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I further understand that the Agency may contact my previous employers, and I authorize those employers and their representatives to disclose to the Agency all records and information pertinent to my application for employment with them. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Agency, as well as from the use or disclosure of such information by the Agency.

I authorize the persons I named in the "Personal References" section above as personal references to provide the Agency with any pertinent information they may have regarding myself.

I hereby state that all the information that I provide on this application or any other documents filled out in connection with my application for employment, including in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect my application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if I have any questions regarding this statement, I am encouraged to ask an Agency representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE STATEMENT AND AGREEMENT.

Signature of Applicant

Date

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR UP TO ONE (1) YEAR AT THE AGENCY'S DISCRETION.
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT:

Signature of Applicant

Date