

Employment Application Form

Position Applied for:			Date	
Name				
	Last	First	Middle	
Address				
T-1	Number	Street	City State Zip	
			nail:	
Are you currently autho	orized to work in the United	States?YES	NO. Proof of eligibility will be	required if hired.
Are you available for fu	II time?			
When are you available	e to start work?			
Can you work any day				
Valid Drivers License Number:			21.1	
Class A: □ Class B:	☐ Class C: ☐ Class M:			
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR &
High School			COMPLETED	DEGREE
College/University				
Trade License and/	TYPE	ISSUED BY	DATE EXPIRES	
Certification Info				
		_		
What business, vocation	onal equipment or machines	s can you operate?		
lave you ever been con	victed of a crime?	□ No □ Yes		
conviction record will r	not necessarily disqualify yo	ou from employment.)		

EXPERIENCE:

Name of employer		Name of Supervisor	Employment dates			
City, State, Zip Code		Phone Number	From: To:			
Duties		May we contact your employer? ☐ Yes ☐ No				
Reason for leaving (be specific):						
Name of previous employer		Name of Supervisor	Employment dates			
City, State, Zip Code		Phone number	From: To:			
Duties		May we contact your previous employer? ☐ Yes ☐ No				
Reason for leaving (be specific):						
We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications. Thank you for completing this application form and for your interest in Summerland Sanitary District.						
Applicant Signature	Print		Date			