



JSD Human Resources Use Only

1. This application is part of the selection process. Failure to meet the minimum requirements listed in the job description is cause for rejection. It is the applicant's responsibility to ensure that the application is accurate, complete and on file at the District. Late and/or incomplete applications will be rejected. Fill in all of the required information. The information is requested to help measure the interests and qualifications of the applicant. No other use will be made of the information without permission of the applicant
2. Resumes may be added, but may not be substituted for this application. Supplemental statements identifying the candidate's strengths and skills are beneficial. All information listed on an attached resume must be true and correct.
3. Please print legibly in ink or type the information requested. This application can be completed electronically by going to our website www.jamestownsanitarydistrict.com and downloading the form, then submitting via email as a PDF document to jsdistrict@mlode.com. All applications must be signed and dated, even if submitted via email.

Applicant Information			
Last Name	First	Middle	Date of Application
Mailing Address		City	State
			Zip Code
Home Phone	Business Phone	Cell Phone	E-mail address
Message OK? _____	Message OK? _____	Message OK? _____	
POSITION APPLIED FOR:			

EDUCATION: Are you a high school graduate? GED or equivalent?				
Name Schools Attended	Location (Street Address, City & State)	Major	Did you Graduate?	Certificate/ Diploma/Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
Trade, Technical, Business School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	

Special Training, Skills and Certifications
Special License(s) and/or Certification(s) Special Training and Qualifications
<i>Please detail and provide copies of all applicable Licenses and/or Certifications to application</i>

Applicant Name: _____

Jamestown Sanitary District may contact employers listed above unless you have indicated you do not want them contacted.

Begin with your present or last job and account for time for at least the last ten years. Include any job-related military service assignment and volunteer activities.

1. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	May we contact this employer for reference? Yes No	
Reason(s) you left or your desire to leave this job		If no, reason	
Work Performed			

2. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	May we contact this employer for reference? Yes No	
Reason(s) you left this job		If no, reason	
Work Performed			

3. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	May we contact this employer for reference? Yes No	
Reason(s) you left this job		If no, reason	
Work Performed			

4. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	May we contact this employer for reference? Yes No	
Reason(s) you left this job		If no, reason	
Work Performed			

Applicant Name: _____

Additional Information

How did you learn about the Jamestown Sanitary District or who were you referred by?

- Advertisement Name of Publication _____
- Internet Name of Website _____
- Friend Name of Friend _____
- Relative Name of Relative _____
- Walk-In
- Other

Are you willing to work rotating shifts, weekends and/or holidays? Yes No

Do you have a valid California driver's license? Yes No
Driver's License # _____ Class C

Do you have a Commercial Driver's License? Yes No
 Class A Class B Endorsements: _____

Have you ever been discharged or asked to resign from any position? Yes No
If yes, please explain _____

If you have a relative(s) or friend(s) working at Jamestown Sanitary District, please list their name(s): _____

APPLICANT CERTIFICATION (Please read carefully)

I certify that the statements given by me in this application are true, complete, and correct to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that the existence of a criminal conviction will not necessarily disqualify my application for employment. I understand that if offered employment, the offer may be contingent on passing a pre-employment drug screen and a pre-employment physical and I voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or false or misleading information on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that I am required to abide by all Personnel Policies and Procedures of the Jamestown Sanitary District.

I hereby authorize Jamestown Sanitary District to thoroughly investigate my employment history, education, and other matters related to my suitability for employment, without giving me prior notice of such disclosure. In addition, I hereby release Jamestown Sanitary District from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview that may be granted, is intended to create an employment contract between Jamestown Sanitary District and me.

Signature of Applicant: _____ Date: _____