

**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 Cerrito, CA 94530 • Phone: (510) 524-4668

Print or Type  
Name:

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address:

\_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Social Security No: - -

Are you over eighteen years of age? Yes [ ] No [ ]  
 If hired, can you furnish proof of age? Yes [ ] No [ ]  
 Have you ever worked for Stege Sanitary District? Yes [ ] No [ ]  
 Do you now or have you ever had any relatives employed by Stege Sanitary District Yes [ ] No [ ] If yes, name: \_\_\_\_\_  
 Are you either a U.S. citizen or an alien authorized to work in the United States? Yes [ ] No [ ]

Driver's License No. \_\_\_\_\_  
 State \_\_\_\_\_ Exp. Date \_\_\_\_\_  
**NOTE: Attach current copy of driving record from DMV**

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?  
 (Job description attached)  
 Yes [ ] No [ ] If necessary, please indicate what type(s) of reasonable accommodations are needed.: \_\_\_\_\_

**LICENSES AND CERTIFICATIONS:**

- California Water Environment Association (CWEA)  
 Collection System Operator Certification: Grade: \_\_\_\_\_ Certification No: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- Other: \_\_\_\_\_ Grade: \_\_\_\_\_ Certification No: \_\_\_\_\_ Issue Date: \_\_\_\_\_

EDUCATION	Name and Location of School	No. Years Attended	Did You Graduate?	Course of Study
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

<b>FORMER EMPLOYERS</b> (List below last five employers, starting with last on the first line.)				
Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

Have you ever been dismissed or asked to resign from any job?      Yes [ ]    No [ ]

If Yes, please explain the 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 there any additional information relative to change of name, use of an assumed name or nickname, which may be necessary to enable a check on your work and educational record?      Yes [ ]    No [ ]

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EXPERIENCE:** Please indicate any actual experience, special training and qualifications that you feel are relevant to the position for which you are applying. \_\_\_\_\_  
 \_\_\_\_\_

<b>REFERENCES</b> (Give the names of three persons not related to you, whom you have known at least one year.)			
Name	Address	Business	Years Acquainted
1.			
2.			
3.			

**"I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE REJECTION OF MY APPLICATION, OR THE TERMINATION 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 and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**This application does not establish a contract and does no way imply a contractual relationship**