



# Ironhouse Sanitary

450 Walnut Meadows Drive  
Oakley, CA 94561

## Application For Employment

### GENERAL DATA

Position Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
TITLE OF POSITION

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
AREA CODE NUMBER AREA CODE NUMBER

E-mail Address: \_\_\_\_\_

### PERSONAL DATA (Please Answer Each Question Below)

Can you, after employment, submit verification of your legal right to work in the U.S.? YES  NO

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Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years?  
 If yes, give name and address of the employers, reason for each release and dates of employment.  
 YES  NO

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(NOTE: A "YES" answer is not necessarily an automatic bar to employment. Each case will be considered on its own merit.)

### SKILLS

Word Processing? YES  NO  Computer Skills? IBM/PC  MAC  UNIX

Spreadsheets? YES  NO

Software Programs: \_\_\_\_\_

Machines Operated: \_\_\_\_\_ Other training/skills: \_\_\_\_\_

### APPLICANTS

Professional License: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

For Positions Requiring Driving: CA Driver's Lic. #: \_\_\_\_\_ Class: \_\_\_\_\_

### EDUCATION AND TRAINING

TYPE	NAME OF SCHOOL AND ADDRESS	NO. OF YRS.	DID YOU GRADUATE?	MAJOR SUBJECT	DEGREE/DIPLOMA/ CERTIFICATION
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		
UNIVERSITY OR COLLEGE(S)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
UNIVERSITY OR COLLEGE(S)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
BUSINESS OR TRADE SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		

## EMPLOYMENT HISTORY

Please identify your work experience, paid or unpaid, beginning with your most recent position. Please fully account for all time, including periods of unemployment, military time, school, etc. A resume may be attached, but does not substitute for completing this section.

FROM:	TITLE:	CURRENT OR MOST RECENT EMPLOYER:  ADDRESS:  PHONE:
TO:	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO

FROM:	TITLE:	CURRENT OR MOST RECENT EMPLOYER:  ADDRESS:  PHONE:
TO:	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO

FROM:	TITLE:	CURRENT OR MOST RECENT EMPLOYER:  ADDRESS:  PHONE:
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MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO

FROM:	TITLE:	CURRENT OR MOST RECENT EMPLOYER:  ADDRESS:  PHONE:
TO:	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO

### CERTIFICATION

1. I certify that all statements contained in this application are true and complete. I understand that any false statements or omissions may result in disqualification from employment or termination. I hereby authorize the release of any information necessary to verify the statements made in this application to IRONHOUSE SANITARY DISTRICT or duly authorized agents.

2. I understand that my employment is contingent upon my providing verification of my identity and legal right to work in the United States.

**I UNDERSTAND AND AGREE TO THE ABOVE**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_