



Napa Sanitation District EMPLOYMENT APPLICATION

INSTRUCTIONS

1. Complete all sections of form.
2. Print or type.
3. Additional information may be attached.
4. Return to:
Napa Sanitation District
P. O. Box 2480
Napa, California 94558
(707) 258-6000

POSITION APPLIED FOR State exact job title			
1. Name - Last	First	Middle	Date:
2. Address - Street		City	State Zip Code
3. PHONE Home Other Emergency		4. OFFICE SKILLS: Typing Speed	
5. Do you possess a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Expires _____ Driver's License Number : _____ Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		6. Can you, after an offer of employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Answer the following questions by placing an "x" in the YES or NO column. If you answer "YES" to any question, give additional information below in No. 9.			
NOTE: A BACKGROUND CHECK WILL BE DONE ON POTENTIAL EMPLOYEES			YES
			NO
A. Have you ever been convicted for ANY offense? Explain below in No. 9. Convictions are not necessarily a bar to employment.			
B. Were you ever a member of the State or Public Employees Retirement System? If yes, list employer and dates in No. 9.			
C. Were you ever discharged, released during probation, or have you resigned under pressure or unfavorable circumstances from any employment? Explain in No. 9.			
D. Are you now, or have you been employed by Napa Sanitation District? Explain in No. 9.			
8. Use this space or an attachment for details regarding any "YES" answers to 10, A, B, C, D, or for other supplementary information.			

9. WILL YOU ACCEPT:	YES	NO	PERSONNEL SERVICES USE ONLY
(a) Permanent Part-Time Work (less than 40 hrs. per week)			Application Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No Rejected: Failed application review <input type="checkbox"/> Educ. <input type="checkbox"/> Exp. <input type="checkbox"/> Lic./Cert. <input type="checkbox"/> Insuff. Info. Filed after Deadline <input type="checkbox"/> Failed Test <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Perf.
(b) Temporary, Extra Help Work (whenever needed)			Referral: Employee Request No. _____
(c) Evening/Night Work			Comments: _____ _____
(d) Saturday/Sunday Work			_____

DATE STAMP

10. How did you hear about this job opening? _____

11. CERTIFICATE OF APPLICATION (Read carefully before signing.)

I hereby certify that all statements made in this application are true to the best of my knowledge, and I agree and understand that any misstatement of material facts herein may cause forfeiture on my part of all rights to any employment in the service of Napa Sanitation District.

Signature _____ Date _____

COMPLETE NEXT PAGE

EDUCATION AND EXPERIENCE

Please read the qualification section of the job announcement before completing this side.

12. Education	High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate highest grade completed _____ Passed High School Equivalency Test or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
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A. Name & location of college/university/ other schools	Study or major	Semester units	Quarter units	Degree received

B. Valid certificates of professional or vocational competence, licenses and/ or memberships in professional associations. Include effective and expiration dates.	13. In addition to English, I can fluently: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <div style="text-align: center;">_____</div> Language(s)
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14. **Experience:** List your most recent experience including military service you feel qualifies you for the job for which you are applying. List any volunteer experience which you believe helps you meet the requirements of the classification for which you are applying, showing actual time (number of hours per week) spent in such experience with "VOLUNTEER" written in the space following salary. Provide details of the duties relevant to the position for which you are applying. Attach sheets if additional space is needed. **Resumes will not be accepted in lieu of completing this section.**

Period of Employment	Job Title and Most Important Duties Performed	15. May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. From To _/_/_ _/_/_ Total ____ Years ____ Months Hours per week Salary \$ per	Job title: Duties:	Name, address, and phone of employer: Immediate supervisor: Reason for leaving:
B. From To _/_/_ _/_/_ Total ____ Years ____ Months Hours per week Salary \$ per	Job title: Duties:	Name, address, and phone of employer: Immediate supervisor: Reason for leaving:
C. From To _/_/_ _/_/_ Total ____ Years ____ Months Hours per week Salary \$ per	Job title: Duties:	Name, address, and phone of employer: Immediate supervisor: Reason for leaving:
D. From To _/_/_ _/_/_ Total ____ Years ____ Months Hours per week Salary \$ per	Job title: Duties:	Name, address, and phone of employer: Immediate supervisor: Reason for leaving:
E. From To _/_/_ _/_/_ Total ____ Years ____ Months Hours per week Salary \$ per	Job title: Duties:	Name, address, and phone of employer: Immediate supervisor: Reason for leaving: