VALLEJO SANITATION &
FLOOD CONTROL DISTRICT
450 Ryder Street
Vallejo, California 94590
phone 707-644-8949
www.VSFCD.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presences of non-job-related medical conditions, or disabilities or any other legally protected status.

PLEASE PRINT CLEARLY

Position/s applied for _____

Date of application _____

How did you learn about us? ❍ Friend ❍ Direct mail ❍ Internet ❍ Newspaper

_____

Last Name First Name Middle Name

_____

Street Address City State/Zip Code

_____

Telephone Number/s Social Security No.

_____

Driver's License No. State of Issue Expiration Date

If you are under 18 years of age, can you provide required proof of eligibility to work?

❍ Yes ❍ No

Have you ever filed an application with us before? ❍ Yes ❍ No (If yes, when? _____)

Have you ever been employed with us before? ❍ Yes ❍ No (If yes, when? _____)

Are you currently employed? ❍ Yes ❍ No

May we contact your present employer as to your qualifications, character, etc?

❍ Yes ❍ No

Are you prevented from being lawfully employed in this country because of Visa or Immigration status? *(Proof of citizenship or immigration status will be required upon employment.)*

❍ Yes ❍ No

Were you ever terminated or forced to resign because of misconduct or unsatisfactory services? ❍ Yes ❍ No

If yes, please explain circumstances in each case: _____

_____

_____

_____

_____

Have you ever been convicted of any crime which resulted in imprisonment? ❍ Yes ❍ No

If yes, please give date, place, violation and penalty for each conviction. Your answer to this question may be checked. An untrue answer will disqualify you. A conviction will not necessarily disqualify an applicant from the job applied for.)

_____

_____

_____

_____

EDUCATION

Circle highest grade completed	Name of High School		Location		Did you graduate?
Colleges or Universities attended	**Attendance Dates**	**Total Sem. Units**	**Total Qtr. Units**	**Degree and Year**	**Major subject**

Describe any specialized training apprenticeship, skills and extra curricular activities, certifications, etc. that you feel are related to the position you are applying for: _____

_____

_____

Describe any honors you have received that are related to the position you are applying for: _____

_____

List professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or any other protected status: _____

_____

_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. List up to ten (10) years of employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. **Resumes will not be accepted in place of a completed application. You can refer to your resume in the area of Work Performed only. Your resume must be attached.**

1. EMPLOYER	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number/s	Hourly Rate/Monthly Salary		
	Start	Final	
Job Title	Supervisor		
Reason for leaving			

2. EMPLOYER	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number/s	Hourly Rate/Monthly Salary		
	Start	Final	
Job Title	Supervisor		
Reason for leaving			

3. EMPLOYER	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number/s	Hourly Rate/Monthly Salary		
	Start	Final	
Job Title	Supervisor		
Reason for leaving			

4. EMPLOYER	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number/s	Hourly Rate/Monthly Salary		
	Start	Final	
Job Title	Supervisor		
Reason for leaving			

5. EMPLOYER	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number/s	Hourly Rate/Monthly Salary		
	Start	Final	
Job Title	Supervisor		
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

REMARKS _____

_____

_____

_____

APPLICANT'S STATEMENT *(Please read carefully before signing.)*
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree and understand any mis-statement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with Vallejo Sanitation & Flood Control District. I further agree to submit to a complete medical examination, including a drug screening and to furnish such proof of meeting the conditions of employment as may be required. This application for employment may at the discretion of the District be considered active for twelve (12) months.

_____ _____
Signature of Applicant Date

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EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. In addition, we are obligated to reasonably accommodate persons with disabilities during the employment process as called out in the Americans with Disabilities Act. If you have such a disability and need accommodations, please inform us so that we can try to accommodate your needs.

The Vallejo Sanitation & Flood Control District asks all applicants to complete this form in order to comply with the United States Government Equal Employment requirements. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not a part of your Employment Application or personnel file.

Please note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

VOLUNTARY SURVEY

PLEASE PRINT CLEARLY

Date _____

Position Applied For _____

❍ Male ❍ Female ❍ Over 40 years of age

Check one of the following (ethnic origin)

❍ White ❍ Hispanic ❍ American Indian/Alaskan Native

❍ Black ❍ Asian/Pacific Islander ❍ Other

Check if any of the following are applicable

❍ Vietnam veteran ❍ Disabled veteran

Are you disabled? ❍ Yes ❍ No If yes, please specify:

_____