

EMPLOYMENT APPLICATION

Murphys Sanitary District

Murphys Sanitary District (MSD) seeks the best qualified people available to serve its customers. Every properly submitted application will be given consideration for open positions.

Any Operator position for which you are applying is designated as safety-sensitive, meaning that you are subject to pre-employment drug testing as well as drug-testing during employment, should you qualify for and accept employment with the District.” You must Initial here acknowledging you have read this statement _____.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

- Answer all *questions* and complete all sections of this application form.
- Give complete information on your education and work history.
- List separately each job held and your duties for each position when you worked for one employer and held more than one position.
- If additional sheets are added, incorporate the same information as requested on this application form for each prior employer.
- As you describe your work history, make sure you highlight your competencies (knowledge, skills, abilities and work behaviors) that demonstrate your qualifications for the position for which you are applying.
- Check for accuracy, initial where required, sign and date your application.

Applications may be submitted via e-mail csecada@murphysd.org

The District is an Equal Opportunity Employer and employs only US citizens or aliens who can provide proof of identity and work authorization within 3 working days of start of employment.

MURPHYS SANITARY DISTRICT

Employment Application

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City				State			ZIP		
Mailing Address <i>(If Different)</i>					City			State	ZIP
Phone (include Area Code)				E-mail Address					
Date Available				Social Security No. (last four digits only)					
Please list your Former Name(s), if any									

QUESTIONNAIRE										
What Position are you applying for? All Operator positions are 'Safety Sensitive'										
How did you learn about this job?										
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Do you have a valid CA Driver's License		YES <input type="checkbox"/>		NO <input type="checkbox"/>		License #		Expires		
Do you have a Commercial Driver's License?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If YES <input type="checkbox"/> Class A <input type="checkbox"/> Class B Endorsements:				
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Are you related to any person presently employed by MSD?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
If YES list name, department and relationship here:										
Were you ever a member of the State or Public Employees Retirement System?						YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If YES, list employer and dates:										
Are you willing to work weekends, holidays or overtime?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
The policy of MSD is to require a physical exam and drug screen. Would you object to a physical examination that includes a drug screen?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Would you object if we contacted your present and/or past employers?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Are you able to perform the essential duties of the position as listed in the job description with or without accommodation?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
EDUCATION/CERTIFICATIONS/LICENSES/MEMBERSHIPS										
High School						Location				
Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>						
College						Location				
From	To	Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other						Location				
From	To	Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
List relevant occupational certificates, licenses, and memberships:										
PREVIOUS EMPLOYMENT – Begin with your most recent experience, including military service and volunteer service. Account for all time for the past ten (10) years. If you need more space, attach a separate sheet.										
Company					Phone					
Address					Supervisor					
Job Title			Starting Salary \$			Ending Salary \$				
Responsibilities:										
From		To		Reason for Leaving						

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities:			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
			\$
Responsibilities:			
From	To	Reason for Leaving	
REFERENCES - Please list three professional references, not related to you and whom you have known for at least one			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
DISCLAIMER AND SIGNATURE – Please read carefully before signing			
I authorize investigation of all statements contained in this application. I understand that any misstatement or omission of material facts called for in this application is cause for disqualification from further consideration for employment or dismissal from employment.			
Signature		Date	