



Tuolumne City Sanitary District

18050 Box Factory Road • Tuolumne, CA 95379
(209) 928-3517 • tcsanitarydistrict.com

EMPLOYMENT APPLICATION

Please fill out completely in order to be considered.
You may attach a resume.

TCSD is an equal opportunity employer. The District considers applicants for all positions without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, physical or mental disability, medical condition, or any other legally protected status.

PERSONAL

Last Name		First	Middle	Date of Application
Mailing Address		City	State	Zip Code
Cell Phone	Home Phone	Work Phone	E-mail address	
POSITION APPLIED FOR: _____				

EDUCATION: Are you a high school graduate?

If not, do you have a GED equivalent?

Name Schools Attended	Location (Street Address, City & State)	Major	Did you Graduate? Yes ☐ No ☐ If no, # units completed	Certificate/ Diploma/Degree
High School				
College/University				
College/University				
Trade, Technical, Business School				

SPECIAL TRAINING, SKILLS AND QUALIFICATIONS

Special License(s) and/or Certification(s) _____
Special Training and Qualifications _____

Do not write in this space – for office use only

Last Name:

EMPLOYMENT EXPERIENCE

Start with your present or last job and account for time for at least the last ten years. Include any job-related military service assignment and volunteer activities.

1. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left or your desire to leave this job			
Work Performed			

2. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left this job			
Work Performed			

3. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left this job			
Work Performed			

4. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left this job			
Work Performed			

If you need additional space, please continue on the next page. You may include a resume.

Tuolumne City Sanitary District may contact employers listed above unless you indicate those you do not want contacted. →	DO NOT CONTACT
Employer # (s)	Reason

Last Name:

EMPLOYMENT EXPERIENCE continued

5. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left this job			
Work Performed			

6. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left this job			
Work Performed			

7. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left this job			
Work Performed			

8. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)		
Reason(s) you left this job			
Work Performed			

Last Name: _____

ADDITIONAL INFORMATION

How did you learn about this position at Tuolumne City Sanitary District?

Advertisement ☐ >> Name of Publication _____
Internet ☐ >> Name of Website _____
Friend ☐ >> Name of Friend _____
Relative ☐ >> Name of Relative _____
Walk-In ☐
Other ☐

Are you willing to work rotating shifts, weekends or holidays? Yes ☐ No ☐

Do you have a valid California driver's license? Yes ☐ No ☐

Do you have a Commercial Driver's License? Yes ☐ No ☐

☐ Class A ☐ Class B Endorsements: _____

Has your license been revoked or suspended in the past five years? Yes ☐ No ☐

If yes, please explain _____

Have you ever been discharged or asked to resign from any position? Yes ☐ No ☐

If yes, please explain _____

If you have a relative(s) or friend(s) working at TCSD, please list their name(s): _____

CERTIFICATION (Please read and complete)

The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. My name or signature below certifies that I have read and understand this statement.

APPLICANT'S SIGNATURE

DATE