



TAHOE-TRUCKEE SANITATION AGENCY

A Public Agency
13720 Butterfield Drive
TRUCKEE, CALIFORNIA 96161
(530) 587-2525 • FAX (530) 587-5840

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE):		
MAILING ADDRESS:		
PHYSICAL ADDRESS:		
TELEPHONE:		ALTERNATE PHONE:
EMAIL ADDRESS		
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES?		YES NO
HAVE YOU EVER WORKED FOR THE AGENCY BEFORE?	YES NO	IF YES, GIVE DATES:
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THE AGENCY?	YES NO	IF YES, PLEASE STATE NAME(S):
HOW DID YOU FIRST HEAR ABOUT THIS JOB?		

EMPLOYMENT DESIRED

POSITION APPLYING FOR:			
DATE AVAILABLE:	FULL TIME:	PART TIME:	
IF DRIVING IS AN ESSENTIAL DUTY OF THE JOB WHICH YOU ARE APPLYING FOR DO YOU HAVE A CURRENT DRIVER'S LICENSE?			YES NO
ISSUING STATE:	CLASS:	NUMBER:	EXPIRATION:

EDUCATION/TRAINING

	NAME AND ADDRESS	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
U.S. MILITARY SERVICE			YES NO	
TRADE SCHOOL			YES NO	

SKILLS (LIST ANY RELEVANT/JOB-RELATED TECHNICAL SKILLS AND CERTIFICATIONS THAT YOU MAY HAVE)

EMPLOYMENT HISTORY

- PROVIDE EMPLOYMENT HISTORY FOR AT LEAST THE PAST 10 YEARS – BEGIN WITH MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF TIME; EXPLAIN ANY LAPSES IN EMPLOYMENT

FIRM NAME:	PHONE:
ADDRESS:	
PERIOD OF SERVICE: FROM	TO
POSITION:	SUPERVISOR:
DESCRIBE DUTIES:	
REASON FOR LEAVING:	
WHAT DID YOU LIKE MOST ABOUT THE JOB?	

FIRM NAME:	PHONE:
ADDRESS:	
PERIOD OF SERVICE: FROM	TO
POSITION:	SUPERVISOR:
DESCRIBE DUTIES:	
REASON FOR LEAVING:	
WHAT DID YOU LIKE MOST ABOUT THE JOB?	

FIRM NAME:	PHONE:
ADDRESS:	
PERIOD OF SERVICE: FROM	TO
POSITION:	SUPERVISOR:
DESCRIBE DUTIES:	
REASON FOR LEAVING:	
WHAT DID YOU LIKE MOST ABOUT THE JOB?	

FIRM NAME:	PHONE:
ADDRESS:	
PERIOD OF SERVICE: FROM	TO
POSITION:	SUPERVISOR:
DESCRIBE DUTIES:	
REASON FOR LEAVING:	
WHAT DID YOU LIKE MOST ABOUT THE JOB?	

List any job-related organizations, clubs, professional societies, or associations to which you belong. (You may omit those that indicate your race, religion, creed, color, national origin, ancestry, sex, sexual orientation or gender identity/gender expression, age, or any other legally-protected characteristic.)

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, certifications, hobbies, etc. (You may omit any such information that may indicate your race, religion, creed, color, national origin, ancestry, sex, sexual orientation or gender identity/gender expression, age, or any other legally-protected characteristic.):

MISCELLANEOUS

Please review the job duties of the position for which you are applying, a copy of which is attached or has previously been provided to you.

Are you able to perform all the duties of the job for which you are applying, with or without reasonable accommodation? YES NO

If not, what duties do you believe you are unable to perform?

Of those duties you believe you are unable to perform, what can be done to accommodate your limitations?

(Applicants requesting accommodation during the application process may be asked to provide medical documentation verifying the need for any such accommodation.)

A person employed is subject to verification that they meet the legal age requirement. If hired, can you provide proof of age? YES NO

REFERENCES - please provide professional references who have known you at least two years

NAME	OCCUPATION	RELATIONSHIP	EMAIL ADDRESS & PHONE NUMBER	YEARS KNOWN

I understand that the Agency is relying upon all the representations, both written and oral, which I make during the entire process of applying for employment with Tahoe-Truckee Sanitation Agency. I acknowledge that Tahoe-Truckee Sanitation Agency has the right to investigate any other information that the Agency believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I hereby agree to hold Tahoe-Truckee Sanitation Agency, its officers and agents harmless from any and all liability resulting in any way from such investigation. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records, and I hereby release them from all liability for divulging same.

I have read and understand the foregoing application and agreement. By my signature below, this certifies that I completed this application and that all entries on it are true and complete.

I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and/or may result in my immediate discharge at any time during my employment.

Applicant Signature

Date

Print Full Name

We are an Equal Opportunity Employer

All applicants are considered for employment by the Tahoe-Truckee Sanitation Agency without regard to sex, race, color, religion, gender, sexual orientation, gender identity or gender expression, national origin or ancestry, citizenship, age, physical or mental disability, medical condition, pregnancy, genetic information, marital status or registered domestic partner status, military or veteran status or any other characteristic protected by applicable federal, state or local laws.

APPLICANT NAME: _____

**SUPPLEMENTAL APPLICATION
FOR MAINTENANCE & OPERATION APPLICANTS**

PLEASE READ THE ENTIRE FORM BEFORE YOU BEGIN TO COMPLETE IT. GIVE COMPLETE INFORMATION. THIS APPLICATION WILL BE EVALUATED AND USED AS A SELECTION TOOL. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN THE ELIMINATION FROM FURTHER CONSIDERATION OF YOUR APPLICATION. THIS SUPPLEMENTAL APPLICATION AND YOUR WRITTEN TEST SCORE, IF APPLICABLE, WILL BOTH BE ANALYZED TO DETERMINE WHETHER YOU WILL BE INVITED FOR A JOB INTERVIEW.

1) THE FOLLOWING MAY BE INCLUDED IN THE WORKING CONDITIONS OF A MAINTENANCE OR OPERATIONS DEPARTMENT EMPLOYEE AT TAHOE-TRUCKEE SANITATION AGENCY. PLACE A CHECK IN THE APPROPRIATE COLUMN(S). IT MAY BE APPROPRIATE TO CHECK MORE THAN ONE COLUMN. FOR EXAMPLE, IF YOU HAVE WORKED UNDER A SIMILAR CONDITION SUCH AS STANDING FOR LONG PERIODS OF TIME, AND YOU WOULD BE WILLING TO DO IT AGAIN, YOU WOULD PLACE A CHECK IN BOTH THE FIRST AND THIRD COLUMNS.

WORKING CONDITIONS	WOULD DO	CAN'T OR WON'T DO	HAVE DONE
WORKING A GRAVEYARD SHIFT (11:00 P.M. TO 7:00 A.M.)			
WORKING AN EVENING SHIFT (3:00 P.M. TO 11:00 P.M.)			
WORKING WEEKENDS			
HAVING DIFFERENT (ROTATING) DAYS OFF EACH WEEK			
WORKING IN CONFINED SPACES (AREAS OF RESTRICTED ACCESS) WITH APPROPRIATE SAFETY EQUIPMENT			
STANDING FOR LONG PERIODS OF TIME			
PUSHING OR LIFTING HEAVY OBJECTS (MINIMUM OF 40 TO 50 LBS.)			
WORKING AROUND FOUL-SMELLING ODORS			
WORKING OUTDOORS IN ALL WEATHER CONDITIONS WITH APPROPRIATE CLOTHING			
WORKING IN AN AREA WHICH HAS HIGH NOISE AND VIBRATION LEVELS (SAFETY EQUIPMENT PROVIDED WHERE REQUIRED)			
REPORTING TO WORK ON TIME EVERY DAY			
CALLING AHEAD OF SCHEDULED REPORTING TIME EACH DAY WHEN UNABLE TO REPORT TO WORK FOR ANY REASON			
PERFORMING VERY ROUTINE TASKS ON A DAILY BASIS			

2) HAVE YOU EVER PERFORMED GENERAL HOUSEKEEPING DUTIES SUCH AS SWEEPING FLOORS, HOSING DOWN CONCRETE TANKS, DUMPING TRASH, ETC? YES NO

IF "YES", PLEASE PROVIDE FURTHER DETAILS BELOW:

NAME OF EMPLOYER	DATES OF EMPLOYMENT

3) HAVE YOU HAD A POSITION IN WHICH YOU WERE REQUIRED TO USE HAND TOOLS? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING INFORMATION.

TYPE OF TOOLS USED	DUTIES PERFORMED	NAME OF BUSINESS	TYPE OF BUSINESS

4) HAVE YOU OPERATED ANY OF THE FOLLOWING EQUIPMENT?

1. FORKLIFT YES NO

IF YES, FOR WHAT EMPLOYER: _____, AND WHEN: _____

2. DUMP TRUCK YES NO

IF YES, FOR WHAT EMPLOYER: _____, AND WHEN: _____

3. FRONT LOADER YES NO

IF YES, FOR WHAT EMPLOYER: _____, AND WHEN: _____

5) HAVE YOU PERFORMED MAINTENANCE ON LARGE PIECES OF EQUIPMENT OR ENGINES? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING INFORMATION.

TYPE OF MAINTENANCE OR REPAIR	TYPE OF EQUIPMENT OR ENGINE	NAME OF EMPLOYER

6) HAVE YOU OPERATED ANY LARGE PIECES OF STATIONERY EQUIPMENT? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING INFORMATION.

TYPE OF PLANT	DUTIES PERFORMED	NAME OF EMPLOYER

7) HAVE YOU WORKED IN ANY TYPE OF PROCESSING PLANT IN WHICH ALL PROCESSES WERE INTERRELATED AND INTERDEPENDENT? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING INFORMATION.

TYPE OF PLANT	DUTIES PERFORMED	NAME OF EMPLOYER

8) HAVE YOU HAD A POSITION IN WHICH KNOWLEDGE OF CHEMISTRY OR BIOLOGY WAS NEEDED TO PERFORM JOB DUTIES? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING INFORMATION.

TYPE OF PLANT	DUTIES PERFORMED	NAME OF EMPLOYER

9) HAVE YOU WORKED IN A FRESHWATER OR WASTEWATER TREATMENT PLANT? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING INFORMATION.

TYPE OF PLANT	DUTIES PERFORMED	TYPE OF CERTIFICATION	NAME OF EMPLOYER

10) DO YOU HAVE ANY OTHER PREVIOUS WORK EXPERIENCE WHICH YOU FEEL IS RELATED TO PLANT OPERATOR OR PLANT MAINTENANCE EMPLOYEE THAT YOU HAVE NOT YET MENTIONED ON THIS APPLICATION? YES NO

IF YES, PLEASE DESCRIBE THE POSITION AND EXPLAIN WHY YOU THINK IT RELATES TO THE DUTIES OF A PLANT MAINTENANCE OR OPERATIONS EMPLOYEE:

11) PLEASE CHECK THE APPROPRIATE BOX IF YOU TOOK ANY OF THESE CLASSES IN HIGH SCHOOL:

ALGEBRA	
CHEMISTRY	
PHYSICS	
BIOLOGY	

NAME OF HIGH SCHOOL/COLLEGE:

LOCATION:

12) PLEASE CHECK THE APPROPRIATE BOXES IF YOU MAJORED IN ANY OF THE FOLLOWING DISCIPLINES IN COLLEGE:

SUBJECT	CHECK IF YES	NAME OF SCHOOL	LOCATION
BIOLOGY			
CHEMISTRY			
ENGINEERING			
ENVIRONMENTAL SCIENCE			
GEOLOGY			
MICROBIOLOGY			
PHYSICS			
WATER			
WASTEWATER			

IF YOU MAJORED IN A COURSE OF STUDY NOT MENTIONED ABOVE, AND YOU FEEL IT IS RELATED TO THE FIELD OF WASTEWATER TREATMENT, PLEASE IDENTIFY THE COURSE BELOW AND EXPLAIN HOW YOU FEEL IT IS RELATED:

MY MAJOR:

SCHOOL:

LOCATION:

HOW IS IT RELATED TO WASTEWATER TREATMENT?

13) HAVE YOU ATTENDED ANY WORKSHOPS, CONFERENCES, SPECIFIC COURSES, OR SEMINARS THAT WERE DIRECTLY RELATED TO WASTEWATER TREATMENT? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING INFORMATION.

TITLE OF WORKSHOP OR COURSE	SPONSOR	DURATION OF COURSE	LOCATION