



*Serving Our Community Since 1902*

500 Laurel Street, Menlo Park, California 94025-3486 (650) 321-0384 (650) 321-4265 FAX

In reply, please refer to our  
File No.

March 2009

**RE: MAINTENANCE WORKER EMPLOYMENT APPLICATION PACKAGE**

Dear Applicant:

Thank you for your interest in the Maintenance Worker position with the District. A copy of the job description is attached. The current monthly salary range is \$3832 – \$5463.

Enclosed you will find the following forms to be filled out and returned:

- **Employment Application**
- **Supplemental Employment Questionnaire**
- **Applicant's Statement & Agreement**
- **Employment References**
- **DMV Request Form – Driver License / ID Record only 1 copy of your driving record is required to be submitted**

If you have a resume, you may include it with the above-completed paperwork. **NOTE: Please do not write, "See Resume" on the employment application in lieu of filling in the employment history.**

Mail a completed application packet to:

Attn: HR  
West Bay Sanitary District  
500 Laurel Street  
Menlo Park, CA 94025

You may also return your application in person to the District's temporary office located at 431 Burgess Drive, Suite 120 in Menlo Park between 8:00am – 4:00pm, Monday – Friday. Upon receipt of the first 100 completed applications with the required supplemental employment questionnaire will close our recruitment. **Final closing date is April 3, 2009 by 4:00pm.**

If you have any further questions, please contact the administration office at 650-321-0384. Thank you.

# WEST BAY SANITARY DISTRICT

## Job Description MAINTENANCE WORKER

### DEFINITION:

An entry level position; under supervisor to perform semi-skilled tasks in the maintenance of the sewage collection system, flow equalization facility, lift stations, building and grounds and to perform related work as required

### EXAMPLES OF DUTIES

Loads and unloads materials and supplies; assists in reconditioning of used pipe, fittings and equipment; excavates and refills trenches, ditches and holes; assists in pipe laying, pavement and concrete repair work; uses mechanical cleaning devices to clear sewer obstructions in building and main line sewers; repaints machines, pipes and structures; cleans equipment, machinery and tools; Drives both heavy duty and light duty vehicles and other related equipment; Twenty four hour availability to respond to after hour sewer service emergencies relating to sanitary sewer mains, building sewer or pump station failures or any other related work.

### DESIRABLE QUALIFICATIONS

Knowledge of:

- Methods, tools and equipment used in general construction, sewer maintenance and repair work.

Ability to:

- Read and write; perform routine mechanical and maintenance work requiring the frequent use of hand tools; to perform heavy manual labor; to understand and follow oral and written directions; work cooperatively with constituents of the District and fellow employees.

Experience:

- Entry level position; previous work experience desirable.

Education:

- High School diploma or equivalent; obtaining class one state waste water collection system certification desirable within two years of employment.

License Required:

- Valid class C license issued by the California Department of Motor Vehicles, with ability to obtain Class A or B license within first year of employment; driving record must be in conformance with adopted driving standards.



# EMPLOYMENT APPLICATION

West Bay Sanitary District  
500 Laurel Street  
Menlo Park, California 94025-3486  
(650) 321-0384 -- Office  
(650) 321-4265 -- FAX

### PLEASE NOTE:

- Use typewriter or print in ink. Applications that are not complete, not legible, or do not include information required shall not be considered.
- Completion of application is required even though a résumé is submitted.
- Applications **MUST BE** accompanied by a DMV report less than thirty (30) days old.
- Immigrations and Naturalization Service requirements must be met prior to hire.
- Keep the WBSD informed of changes of address.

Title of Position Applied for: \_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

## PERSONAL HISTORY

Name \_\_\_\_\_  
First Middle Initial Last Phone (8:00 am – 5:00 pm)

Address \_\_\_\_\_  
Number / Street City State Zip Code

Have you been convicted of a crime at any time since your 18<sup>th</sup> birthday? Yes  No

Include any felony or misdemeanor or any traffic violations for which the fine was \$50 or more, whether paid or suspended, and offenses of which you were convicted and placed on probation or any military court martial. You are not required to list a record which has been expunged or a conviction which is more than two years old for violation of Health and Safety Code Section 11357 (b) or (c) or Section 11360 (c) or Section 11364, 11365 or 11550, or a statutory predecessor of any of these sections, as they related to marijuana before January 1, 1976. Conviction of a crime is not an automatic bar to employment, but an untrue answer will disqualify you.

## EDUCATION

Last High School Attended (Complete name and address)

Did you graduate? Yes  No

Grade completed: (circle one) 9 10 11 12

If you attended under another name, please indicate:

NOTE: If instead of a High School Diploma you have a GED Certificate, submit a copy of your Certificate with the application.

### Attendance

College (Complete name and address of all attended)	Major	Semester		Attendance	
		Units	Degree(s)	From	To

Additional Graduate Study, Professional, or Trade Schools (Names and Addresses)

--	--	--	--	--	--

Use this space for any additional comments on Education:

## LICENSES

Valid California Drivers License Yes  No  \_\_\_\_\_  
Number Class Expiration Date

Other Licenses or Certificates (Include type, number, applicable dates):

## EMPLOYMENT RECORD

Begin with your present or most recent experience and account for ALL time during the past ten years. Leave no time unaccounted for. Attach supplemental sheets if necessary. May we contact your present employer? Yes  No

EMPLOYER NAME/ADDRESS:  Phone:	JOB TITLE & DUTIES:  Supervisor's Name:	REASON FOR LEAVING:  DATES OF EMPLOYMENT: Started                      Ended  EARNINGS Started                      Ended \$                                      \$
TYPE OF BUSINESS:		
EMPLOYER NAME/ADDRESS:  Phone:	JOB TITLE & DUTIES:  Supervisor's Name:	REASON FOR LEAVING:  DATES OF EMPLOYMENT: Started                      Ended  EARNINGS Started                      Ended \$                                      \$
TYPE OF BUSINESS:		
EMPLOYER NAME/ADDRESS:  Phone:	JOB TITLE & DUTIES:  Supervisor's Name:	REASON FOR LEAVING:  DATES OF EMPLOYMENT: Started                      Ended  EARNINGS Started                      Ended \$                                      \$
TYPE OF BUSINESS:		
EMPLOYER NAME/ADDRESS:  Phone:	JOB TITLE & DUTIES:  Supervisor's Name:	REASON FOR LEAVING:  DATES OF EMPLOYMENT: Started                      Ended  EARNINGS Started                      Ended \$                                      \$
TYPE OF BUSINESS:		

Use this space for comments on Experience:

---

---

### CERTIFICATION OF APPLICANT: (Read this statement carefully before signing.)

I hereby certify that all statements made on or in connection with this application or any supplementary materials, including those regarding my training and experience are true and complete to the best of my knowledge and belief. I hereby authorize the West Bay Sanitary District to investigate the accuracy of this information and I release the West Bay Sanitary District from all claims and liabilities arising from such investigation. I understand and agree that any false statements, misrepresentations, or omissions of material fact on this application will be cause for refusal to hire or may cause termination of any employment with the West Bay Sanitary District.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



3. Describe your experience working in a team environment, and working with the public.

Please sign and date the questionnaire and attach it to your completed West Bay Sanitary District application.

***I declare the statements on this supplemental questionnaire are true and correct to the best of my knowledge.***

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

N:/Forms/AG-447 Supplemental Questionnaire-Maint Worker.doc



## EMPLOYMENT REFERENCES

Applicant Name: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

### EMPLOYMENT REFERENCES

---

Name \_\_\_\_\_

Company \_\_\_\_\_

Relationship to Applicant  
(e.g., Supervisor, co-worker, etc.) \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Relationship to Applicant  
(e.g., Supervisor, co-worker, etc.) \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Relationship to Applicant  
(e.g., Supervisor, co-worker, etc.) \_\_\_\_\_

Phone Number \_\_\_\_\_

### PERSONAL REFERENCES

---

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_



Serving Our Community Since 1902

500 Laurel Street, Menlo Park, California 94025-3486 (650) 321-0384 (650) 321-4265 FAX

In reply, please refer to our  
File No.

**APPLICANT'S STATEMENT & AGREEMENT**

In the event of my employment to a position at the West Bay Sanitary District, I will comply with all rules and regulations of the District. I understand that the District reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the District. Further, I understand that at any time after I am hired; the District may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of physical examinations and related tests to the District. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment.

I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application must be completed.

I understand and agree that, in connection with this application and at any time during my employment, the District may investigate my driving record and my criminal record. I further understand that the District may contact my previous employers and I authorize those employers to disclose to the District all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the District and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the District with pertinent information they may have regarding I myself. I hereby state that all the information that I provided on the attached application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect my application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If you, the applicant, have any questions regarding this statement, please ask a District representative before signing. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.**

**I hereby acknowledge that I have read the above statements and understand the same.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant



A Public Service Agency

REQUEST FOR YOUR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)

VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD OR FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check. DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE

X

DATE

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD (Complete boxes A & B)

A. CALIF. DRIVER LICENSE/ID NUMBER

VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MM/DD/YYYY)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles P. O. Box 944247 MS G199 Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

Name, Address, City, State, Zip Code form

INF 1125 (REV. 11/2000) WWW

También disponible en español

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS



A Public Service Agency

REQUEST FOR YOUR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)

VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD OR FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check. DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE

X

DATE

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD (Complete boxes A & B)

A. CALIF. DRIVER LICENSE/ID NUMBER

VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MM/DD/YYYY)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles P. O. Box 944247 MS G199 Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

Name, Address, City, State, Zip Code form

INF 1125 (REV. 11/2000) WWW

También disponible en español