

5 HARRIS COURT BLDG G POST OFFICE BOX 85 MONTEREY, CA 93942-0085 Phone (831) 658-5669 Fax (831) 644-9560 HR@mpwmd.net

APPLICATION FOR EMPLOYMENT

IMPORTANT INSTRUCTIONS: Review this application and then answer all questions. It is in your own interest to make this a complete and up-to-date statement of your personal history and qualifications. Please use ink and write legibly, or type. Incomplete applications may disqualify you for consideration for employment. Be sure to SIGN and return the application before the announced deadline. It is your responsibility to notify us of any change of address so that all correspondence will reach you. **RETURN APPLICATION TO HR@MPWMD.NET.**

Position Applied for:	Date:					
Name:	First	Middle	Home Phone:			
Address: Number & Street	City	State Zip	Office Phone:			
	employed by the Monterey Peninsula War		d their relationship to yo	ou:		
Do you possess a valid Cali	fornia Driver's License? Yes No	License No.:				
	cle citations for moving violations within t use describe on an attached sheet of pap	-] No □			
EDUCATION/TRAINING						
Have you graduated from H	igh School or do you possess a GED? Y	∕es □ No □				
Name and Location of High	School Attended:					
Name and Loca	tion of College or University	Subject or Major	Units Completed Semester Quarter	Title of Degree Awarde		
List any training, certificates	, licenses, computer, or language skills t	hat directly relate to position	n applied for:			
Please list the names of printer information regarding you	rofessional references (other than fam r work skills. If you would like to list a	nily members or friends) v additional references, plea	vho can be contacted sase attach a separate s	to provide sheet.		
Name of Reference:			Relationship:			
Email:			No.:			
Name of Reference:			Relationship:			
Email:		Phone	Phone No.:			
Name of Reference:		Relation	onship:			
Emai:			Phone No.:			

9. EMPLOYMENT HISTORY. List your employment for the past 10-15 years. Begin with your current or most recent employer and work backwards. List each change of title or promotion. Account for periods of unemployment and indicate any other experience that you feel is relevant to the position for which you are applying. RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Employer (Current): Phone: Address: Month / Day / Year Month / Day / Year Date Started Date Left Job Title: Supervisor's Name/Job Title: _____ Hours per Week: _____ Responsibilities: Reason for Leaving: Employer: Phone: _____ Address: Month / Day / Year Month / Day / Year Date Started Date Left Job Title: Supervisor's Name/Job Title: _____ Hours per Week: ____ Responsibilities: Reason for Leaving:

Employer:		Phone:					
Address:		Month / Day / Year		Month / Day / Year			
Job Title:	_ Date Started		Date Left _				
Supervisor's Name/Job Title:			Hours per V	Veek:			
Responsibilities:							
Reason for Leaving:							
Employer:			:				
Address:				Month / Day / Voor			
		Month / Day / Year		Month / Day / Year			
Job Title:							
Supervisor's Name/Job Title:			Hours per V	Veek:			
Responsibilities:							
Reason for Leaving:							
I certify that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. THIS APPLICATION MUST BE SIGNED IN INK AND DATED:							
Signed		Date					
		-					