MPWMD_LOGOB&W

**5 HARRIS COURT BLDG G** • **POST OFFICE BOX 85**

**MONTEREY, CA 93942-0085 Phone (831) 658-5600**

## Fax (831) 644-9560

## 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 THE ADDRESS ABOVE.**

1. Social Security Number:

2. Position Applied for:  Date:

3. Name:    Home Phone:

Last First Middle

4. Address:     Office Phone:

Number & Street City State Zip

5. Do you have a legal right to be permanently employed in the U.S.? Yes  No  Federal law requires that all new employees furnish documentation verifying their identity and authorization to work in the United States at the time of appointment.

6. List any relatives currently employed by the Monterey Peninsula Water Management District and their relationship to you:

7. Do you possess a valid California Driver's License? Yes  No  License No.:

8. Have you received any vehicle citations for moving violations within the last 3 years? Yes  No

If you answered “Yes”, please describe on an attached sheet of paper.

9. **EDUCATION/TRAINING**

Have you graduated from High School or do you possess a GED? Yes  No

Name and Location of High School Attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Location of College or University | Subject or Major | Units Completed | | Title of  Degree Awarded |
| Semester | Quarter |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List any training, certificates, licenses, computer, or language skills that directly relate to position applied for:

10. **Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills. If you would like to list additional references, please attach a separate sheet.**

|  |  |
| --- | --- |
| Name of Reference:  Address: | Relationship:  Phone No.: |
| Name of Reference:  Address: | Relationship:  Phone No.: |
| Name of Reference:  Address: | Relationship:  Phone No.: |

11. **EMPLOYMENT HISTORY.** List your employment for the past 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.

|  |
| --- |
| Current Employer:  Phone:  Month Day Year Month Day Year  Address:  Job Title:  Date Started / / Date Left / /  Supervisor's Name/Job Title:  Hours per Week:  Responsibilities:        Reason for Leaving:  Rate of Pay: |
| Employer:  Phone:  Month Day Year Month Day Year  Address:  Job Title:  Date Started / / Date Left / /  Supervisor's Name/Job Title:  Hours per Week:  Responsibilities:        Reason for Leaving:  Rate of Pay: |
| Employer:  Phone:  Month Day Year Month Day Year  Address:  Job Title:  Date Started / / Date Left / /  Supervisor's Name/Job Title:  Hours per Week:  Responsibilities:        Reason for Leaving:  Rate of Pay: |
| Employer:  Phone:  Month Day Year Month Day Year  Address:  Job Title:  Date Started / / Date Left / /  Supervisor's Name/Job Title:  Hours per Week:  Responsibilities:        Reason for Leaving:  Rate of Pay: |

12. May we contact your current employer? Yes  No  Past Employers? Yes  No  If no, please explain.

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