		EMPLOYMENT APPLICATION				
Resources District	4580 Silver Cloud Court Aonterey, CA 93940 831) 647-9411 vww.mbard.org	applications r 2. Resumes are lieu of comple	may be disqualified considered additic eted application.	y and completely. Incomplete d. onal information and not in gn and mail to address shown.		
POSITION APPLYING FOR:						
	PERSONAL INFORM	IATION				
NAME:						
FIRST	MIDDLE		LAST			
MAILING ADDRESS:	CITY		STATE	ZIP		
HOME PHONE:CE	LL PHONE:	EMAIL:				
	GENERAL INFORM	ATION				
Have you ever been fired or forced to resign fro	om previous employment?	YES NO				
Can you travel if a job requires it? YES NO						
Do you have a valid Driver's License?	NO State:	_ License Number_		Exp:/		
On what date would you be available for work?						
	EDUCATION					
Are you a High School Graduate? YES	NO High School Name and Add	ress:				
If not, do you have a G.E.D. or Proficiency Certificate? YES NO						
COLLEGE AND ADDRESS	MAJOR			DEGREE		
List any additional Special Skills, Professional License, Certificate or Credential: Type / Issue Date / Expiration Date:						

Language Ability:	Understand	Speak	Write	Read

EMPLOYMENT HISTORY

List experience beginning with your most recent job. This section must be fully completed. A resume may be attached but will not be accepted in lieu of completing this section. If additional space is needed please attach a sheet of paper.

MAY WE CONTACT ALL EMPLOYERS LISTED? YES NO If "NO", please explain:

DATES OF EMPLOYMENT	EMPLOYER	ADDRESS	CITY/STATE
HOURS PER WEEK	TITLE OF YOUR POSITION	SUPERVISOR'S NAME AND PHONE NUMBER	
TYPE OF WORK PERFO	JRIMED (Be Specific):		
REASON FOR LEAVING	- .		
DATES OF EMPLOYMENT	EMPLOYER	ADDRESS	CITY/STATE
HOURS PER WEEK	TITLE OF YOUR POSITION	SUPERVISOR'S NAME AND PHONE NUMBER	
TYPE OF WORK PERFO	DRMED (Be Specific):		
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TYPE OF WORK PERF	ORMED (Be Specific):		
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REASON FOR LEAVING	G:		
DATES OF EMPLOYMENT	EMPLOYER	ADDRESS	CITY/STATE
HOURS PER WEEK	TITLE OF YOUR POSITION	SUPERVISOR'S NAME AND PHONE NUMBER	

TYPE OF WORK PERFORMED (Be Specific):

REASON FOR LEAVING:

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.



This agency is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by the law.

This information is solicited on a voluntary basis. This portion of the application materials will be detached and the information you provide will not be used to make any employment decision that affects you.

POSITION APPLIED FOR:______DATE:______

RACE / ETHNIC CATEGORY (check one):

White (not Hispanic or Latino) – persons of origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (not Hispanic or Latino) – persons of origins in any of the black racial groups of Africa

Hispanic or Latino – persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

Native Hawaiian or Other Pacific Islander – persons of origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian – persons of origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native – persons of origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

Two or More Races (not Hispanic or Latino) - all person who identify with more than one of the above six races