EMPLOYMENT APPLICATION

Monterey Bay Air Resources District
www.mbard.org

24580 Silver Cloud Court
Monterey, CA 93940
(831) 647-9411
www.mbard.org

INSTRUCTIONS:

1. Answer all questions accurately and completely. Incomplete applications may be disqualified.
2. Resumes are considered additional information and not in lieu of completed application.
3. Print completed application, sign and mail to address shown.

POSITION APPLYING FOR:_____

PERSONAL INFORMATION

NAME: _____
FIRST *MIDDLE* *LAST*

MAILING ADDRESS: _____CITY_____STATE_____ZIP_____

HOME PHONE:_____CELL PHONE:_____EMAIL:_____

GENERAL INFORMATION

Have you ever been fired or forced to resign from previous employment? ☐ YES ☐ NO

Can you travel if a job requires it? ☐ YES ☐ NO

Do you have a valid Driver's License? ☐ YES ☐ NO State:_____ License Number_____Exp: _____/_____

On what date would you be available for work? _____

If hired, can you provide proof of the right to work in the U.S.? _____

EDUCATION

Are you a High School Graduate? ☐ YES ☐ NO High School Name and Address:_____

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 PERFORMED (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 PERFORMED (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	

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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.

____ ____

Signature Date

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An Equal Opportunity-Affirmative Action Employer

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