

EMPLOYMENT APPLICATION

MONTEREY BAY UNIFIED AIR POLLUTION CONTROL DISTRICT

24580 Silver Cloud Court

Monterey, CA 93940

Phone (831) 647-9411 Fax (831) 647-8501



(Please Print in Ink)

1. Any applicant who provides unrequested information will be automatically rejected.
2. Any disabled applicant can request any accommodation needed to enable them to complete the application.
3. 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.

Monterey Bay Unified Air Pollution Control District Mission Statement

The Mission of the Monterey Bay Unified Air Pollution Control District
is to Protect the Public Health while
Balancing Economic and Air Quality Considerations.

1. Position _____

2. _____

Last Name First Name Middle Name

3. _____

Street Address City/State Zip

4. _____

Home Telephone Number Work Telephone Number

5. Social Security Number _____

(In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary.)

6. Do you have a valid California Driver's License: Y N

_____/_____

State License Number

7. Have you ever been convicted of any violation of the law? Y N

If yes, please explain on separate sheet.
(Convictions will not necessarily disqualify you from consideration)

8. Have you ever been fired or forced to resign from previous employment? Y N

9. Do you have a physical or mental condition which limits the kind of work you do? Y N

10. Can you travel if a job requires it? Y N

11. On what date would you be available for work? _____

12. Language Ability: Understand Speak Write Read

13. Education 8 9 10 11 12 GED _____ College 1 2 3 4 Graduate Work: Y N

School Name and Location Major Degree

14. List the positions you have held starting with your most recent job. If you were employed under another name, write in the name which you were known to your employer. If additional space is needed, please use the last page of application. This section must be fully completed. A resume may be attached but will not be accepted in place of this section.

Dates of Employment	Employer (Business or Agency Name)	Address/City/State/Zip
Hours per Week	Title of your Position	Supervisors Name & Phone Number
Salary_____	Type of Work Performed (Be specific.)	
Reason for Leaving		
Dates of Employment	Employer (Business or Agency Name)	Address/City/State/Zip
Hours per Week	Title of your Position	Supervisors Name & Phone Number
Salary_____	Type of Work Performed (Be specific.)	
Reason For Leaving		
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Salary_____	Type of Work Performed (Be specific.)	
Reason For Leaving		

15. May we contact all employers listed?

Y N

If "No" indicate exceptions:

16. Describe any specialized training, apprenticeship or computer skills you have:

17. Have you ever had any job related training in the United States Military?

Y N

If yes, please describe:

18. Please state any additional information you feel may be helpful to us in considering your application:

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 a 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.

X

Signature

Date

EQUAL OPPORTUNITY INFORMATION

To assist the District in its efforts to collect equal opportunity data, you are asked to voluntarily provide the following information.

Please review all groups and check the **one** box which best describes your race/ethnic group.

_____ American Indian/Alaskan Native

_____ Hispanic

_____ Asian Indian

_____ Japanese

_____ Black, Not Hispanic

_____ Korean

_____ Cambodian

_____ Laotian

_____ Chinese

_____ Pacific Islander

_____ Filipino

_____ Samoan

_____ Vietnamese

_____ Guamanian

_____ Hawaiian

_____ White, Non Hispanic

Other (Please specify) _____