



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: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle
- Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Number & Street City State Zip
- List any relatives currently employed by the Monterey Peninsula Water Management District and their relationship to you: \_\_\_\_\_

5. Do you possess a valid California Driver's License? Yes  No  License No.: \_\_\_\_\_

6. 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.

### 7. 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. 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: _____	Relationship: _____
Email: _____	Phone No.: _____
Name of Reference: _____	Relationship: _____
Email: _____	Phone No.: _____
Name of Reference: _____	Relationship: _____
Email: _____	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	
Job Title: _____	Date Started _____	Date Left _____
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 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 Week: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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 Week: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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 \_\_\_\_\_