

Monterey Regional Waste Management District

PO Box 1670, Marina, CA 93933

Phone: (831) 384-5313 • Fax: (831) 384-3567 • www.mrwmd.org

EMPLOYMENT APPLICATION

Monterey Regional Waste Management District (MRWMD) is an Equal Opportunity Employer - State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender), religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

GENERAL INFORMATION *Please print clearly OR type. Use additional pages as necessary.*

1. **Name:** _____
Last First Middle

2. **Address:** _____
Street City State Zip

3. **Telephone Number:** () - _____ 4. **Email Address** _____

5. **Are you at least 18 years old?** Yes No

If employed & under the age of 18, can you furnish a work permit? Yes No

a. **Do you have a legal right to work in the United States?** Yes No

b. **If hired, are you able to produce documents that verify your right to work in the United States?** Yes No

6. **Have you applied to MRWMD for employment in the past?** Yes No

If yes, when? _____ **Position applied for:** _____

7. **Are you currently employed by MRWMD?** Yes No

8. **Have you ever been employed by MRWMD?** Yes No

If yes, when? _____ **Position:** _____

10. **Do you have any relatives currently employed by MRWMD?** Yes No

If yes, who? _____ What relation to you? _____

11. **Have you ever used another name that we would need to know in order to verify your employment experience and education?**

Yes No If yes, indicate such name and the date the name changed:

12. **Have you been convicted of a felony?** Yes No

Do not disclose convictions related to the possession or use of marijuana more than two years ago.

If yes, state when, where, and the nature of such conviction:

13. **Are you currently employed?**

If yes, may we contact your current employer at anytime?

Yes No
 Yes No

You may contact my current employer, but only when: _____

Are you a veteran of the United States military service?

Yes No

If yes, please state branch of service: _____

Please list any job-related professional, trade, business or civic activities, organizations and associations to which you are affiliated. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

POSITION

1. **Position for which you are applying:**

_____ First Choice

_____ Second Choice

2. **Salary/wage desired:**

_____ per _____

3. **Are you available to work:**

- Full-Time Part-Time Temporary Per Diem
- Evenings Weekends Overtime Split Shift
- Other: _____

4. **When would you be available to start working?** _____

5. **How did you hear about the availability of the position for which you are applying?**

- Newspaper Advertisement Employment Agency Current Employee
- Friend Relative Walk-In Other: _____

6. **If the position you are applying for requires the use of a vehicle, do you have a valid driver's license?** Yes No

License #: _____ Class: _____ State: _____ Expiration Date: _____

7. **Have you been given a Position Description, or have the job requirements been explained to you?** Yes No

Do you understand these requirements? Yes No

8. **Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?** Yes No

9. **Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts?** Yes No

SPECIAL SKILLS AND TRAINING

1. **Describe specialized training, apprenticeships, skills or research:**

2. **List current certifications and/or professional licenses, if any, and where registered:**

3. Office/business equipment and software qualified or trained to use:

4. List special skills or training:

**Please Check Software and List Programs
(i.e., Word, Excel, etc.):**

<input type="checkbox"/> Word Processing	_____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Spreadsheet	_____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Database	_____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Accounting	_____	<input type="checkbox"/> basic <input type="checkbox"/> adv.
<input type="checkbox"/> Other	_____	<input type="checkbox"/> basic <input type="checkbox"/> adv.

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

Directions: Please begin with your present or last job. Account for all periods of time, including military experience, periods of unemployment and the nature of your activities. Correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF REQUESTED INFORMATION.

1. Employer	Dates Employed		Key Responsibilities
	From	To	
Address			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary		Starting Final
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

2. Employer	Dates Employed		Key Responsibilities
	From	To	
Address			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title	Hourly Rate/Salary		Starting Final
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

3. Employer	Dates Employed		Key Responsibilities
	From	To	
Address			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Telephone Number	Supervisor's Name, Title and Telephone Number		

Job Title	Hourly Rate/Salary	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?	Starting	Final

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Choose Last Year
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Night School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application: Yes No

If yes, please specify the name you were employed or enrolled under:

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of MRWMD regardless of the time that has elapsed before discovery.

I authorize MRWMD or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to MRWMD from all liability or responsibility with respect to information supplied to MRWMD.

I understand that filing this application in no way assures me a position with MRWMD, and that this application is not, and is not intended to be, a contract of employment.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986.

I further understand that any offer of employment may be contingent upon passing a medical examination which includes an assessment of safe work capacity relating to the essential job functions for the position and a drug screen designed to identify illegal drugs.

Signature of Applicant

Date