



**Monterey Regional Waste Management District**  
**14201 Del Monte Blvd., PO Box 1670, Marina, CA 93933**  
**Telephone (831) 384-5313 FAX: (831) 384-3567**  
**www.mrwmd.org**

## APPLICATION FOR EMPLOYMENT

The Monterey Regional Waste Management District (MRWMD) is an Equal Opportunity Employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation, preference, or physical or mental disability.

**POSITION APPLYING FOR:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THIS POSITION?:** \_\_\_\_\_

**INSTRUCTIONS:** Please print in ink or type. Answer all questions accurately and completely. All statements in your application are subject to verification. Read the Certification & Authorization carefully before signing. Resumes will be accepted, but not in place of a completed application.

### PERSONAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number
Street Address		Home Phone	Message Phone
City	State	Zip	Do you have a valid California Driver's License?    yes <input type="checkbox"/> no <input type="checkbox"/> If yes, Driver's License Number: _____
Have you filed an application with MRWMD?    yes <input type="checkbox"/> no <input type="checkbox"/>		If yes, list date(s) _____	
Have you ever been employed by MRWMD?    yes <input type="checkbox"/> no <input type="checkbox"/>		If yes, list date(s) _____	
Are you at least 18 years of age?    yes <input type="checkbox"/> no <input type="checkbox"/>		If under 18, can you furnish a work permit?    yes <input type="checkbox"/> no <input type="checkbox"/>	
Do you have relatives employed by MRWMD?    yes <input type="checkbox"/> no <input type="checkbox"/>		If yes, list name(s) and relationship(s): _____	
Are you employed now?    yes <input type="checkbox"/> no <input type="checkbox"/>		If hired when can you start? _____	

Why do you want this position? \_\_\_\_\_

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?  
 yes  no  (If no, describe the functions that cannot be performed) \_\_\_\_\_

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)*

Have you been convicted of a criminal offense other than a minor traffic violation since your 18<sup>th</sup> birthday? yes  no   
 If yes, list nature of crime, when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.)*

### EDUCATION

Name and Location of High School		Do you have a High School Diploma or GED Certificate? yes <input type="checkbox"/> no <input type="checkbox"/> If no, highest grade completed _____		
Schools attended other than high school	Location	Major Study	Units Earned	Degree, Diploma, License or Certificate

Other Special Knowledge, Training, Skills/Qualifications, Licenses/Certificates held: \_\_\_\_\_

List any language you speak, read, write, or understand other than English? \_\_\_\_\_

### REFERENCES

List three non-related persons who have first hand knowledge of your work performance.

Name	Relationship	Years Acquainted	Telephone Number

## EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with your present or last job (use a separate sheet if necessary). All information ***must*** be completed. You may attach a resume, but not in place of completing the required information. Do not respond to any questions with "***See Resume***"

From (mo/yr): /	Name of Employer
To (mo/yr): /	Address
Title:	City: State: Telephone Number: ( )
Salary:	Supervisor: May we contact? yes <input type="checkbox"/> no <input type="checkbox"/>

Description of Duties

Reason for Leaving:

From (mo/yr): /	Name of Employer
To (mo/yr): /	Address
Title:	City: State: Telephone Number: ( )
Salary:	Supervisor: May we contact? yes <input type="checkbox"/> no <input type="checkbox"/>

Description of Duties

Reason for Leaving:

From (mo/yr): /	Name of Employer
To (mo/yr): /	Address
Title:	City: State: Telephone Number: ( )
Salary:	Supervisor: May we contact? yes <input type="checkbox"/> no <input type="checkbox"/>

Description of Duties

Reason for Leaving:

Other information that may be helpful to us in considering your application: \_\_\_\_\_

## CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and complete, and any misstatements, omissions, or falsifications of material facts will be sufficient reason not to hire me, and if discovered after my employment will be considered cause for termination of my employment with the MRWMD regardless of the time that has elapsed before discovery.

I further understand that any offer of employment is contingent upon passing a medical examination that 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.

I authorize the MRWMD to inquire into my educational, professional and past employment history references. I hereby give my consent to any former employer to provide employment-related information about me to MRWMD and will hold MRWMD and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize MRWMD to obtain a credit/consumer and conviction check. I understand that this application is not, and is not intended to be a contract of employment. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date