



Monterey Regional Waste Management District

14201 Del Monte Blvd., Marina, CA 93933
Ph: (831) 384-5313 Fax: (831) 384-3567
Email: HR@mrwmd.org

Application for Employment

Position Applying For: _____ Date: _____

Full Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about this position?

- Newspaper Relative/Friend MRWMD Website Walk-in Other _____
 Current Employee (who) _____

Are you at least 18 years old? Yes No

Do you have the legal right to work in the US? Yes No

Have you ever applied for employment with MRWMD? Yes No

If yes, when and for what position?

When? _____ What Position? _____

Have you ever been employed with MRWMD? Yes No

If yes, state positions and dates of employment:

Position/Date: _____ Position/Date: _____

Do you have any relatives who currently work with MRWMD? Yes No

If yes, state name(s): _____

If hired, can you present evidence of your U.S. citizenship or proof of legal right to work in this country? Yes No

Some of our positions require the use of a vehicle, do you have a valid driver's license? Yes No

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

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

Education

High School:

Name/Location: _____

Years Completed: _____ Did you graduate? Yes No

College/University:

Name/Location: _____

Years Completed: _____ Did you graduate? Yes No

Degree: _____

Vocational/Business School:

Name/Location: _____

Years Completed: _____ Did you graduate? Yes No

Degree: _____

Employment History

List below all employment over the last 10 years starting with your most recent employer. Please include all information requested. **Resumes may be attached for additional information, but will not be accepted in lieu of a completed application.**

Name of Employer: _____

Address: _____

Telephone Number: _____ May we contact? Yes No

Employed from: _____ to: _____

Starting Title: _____ Ending Title: _____

Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Immediate Supervisor Name: _____

Description of Duties: _____

Reason for leaving (*check one*):

Discharge Layoff Resignation Other

Name of Employer: _____

Address: _____

Telephone Number: _____ May we contact? Yes No

Employed from: _____ to: _____

Starting Title: _____ Ending Title: _____

Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Immediate Supervisor Name: _____

Description of Duties: _____

Reason for leaving (*check one*):

- Discharge Layoff Resignation Other

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Address: _____

Telephone Number: _____ May we contact? Yes No

Employed from: _____ to: _____

Starting Title: _____ Ending Title: _____

Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Immediate Supervisor Name: _____

Description of Duties: _____

Reason for leaving (*check one*):

- Discharge Layoff Resignation Other

Employment offer is contingent upon applicant passing a pre-employment physical examination which may include a screening test for illegal drug use and an assessment of safe work capacity relating to the essential job functions for the position applied.

Skills and Qualifications

Other experience, training or special skills, qualifications, languages, professional licenses or certifications that may qualify you for the position that you are applying for.

Membership in professional or civic organizations (*exclude those which may disclose your race, religion, or national origin.*)

Military Service

Did you obtain any special skills or abilities as the result of military service? Yes No N/A *If yes, please describe.*

References

Professional references who have knowledge of your work performance.
Individuals *not related to you*. Business references preferred.

NAME

TITLE

PHONE NUMBER

1.

2.

3.

Please Read and Sign Below

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 termination from the 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.

All qualified applicants will receive consideration for employment without regard to race, color, sex, age, national origin, religion, physical handicap, or sexual preference. In addition, we encourage employment of veterans. MRWMD offers equal opportunity treatment to all employees and qualified applicants.

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.

Can you perform any or all essential job functions of the position (as noted in the posting), for which you are applying, either with or without reasonable accommodation? Yes No

If hired, when are you available for work? (Please check all that apply.) Date: _____
 Full Time Part Time Weekends Over Time

Are there specific days/times you can not work? Yes No
If yes, please list days/times here: _____

Applicant's Signature

Date

To submit this form electronically, attach it to an email addressed to:
HR@mrwmd.org

Monterey Regional Waste Management District Applicant Employee Identification Record

Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each employee and job applicant applying for a particular position. This form is used to provide each applicant/employee with an opportunity to furnish such information voluntarily. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employer's main personnel file. MRWMD is an equal employment opportunity employer and does not discriminate because of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, age, marital status, physical handicap, or mental condition.

Employment Survey

Name _____ Date _____

Applicant Employee

Position Held/Applied for _____

I Agree Do not agree to supply the requested information.

Signature _____

Male Female

Ethnic Origin (check the appropriate box)

- Black (not of Hispanic origin)
All persons having origin in any of the Black racial groups.
- White (not of Hispanic origin)
All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian sub-continent).
- Asian or Pacific Islanders
All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands (except the Philippine Islands). This area includes, for example, China, Japan, Korea, the Hawaiian Islands, and Samoa.
- Hispanic
All persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race.
- American Indian or Alaskan Native
All persons having origin in any of the original peoples of North America.
- Other (specify)

Check any of the following that are applicable.

- Vietnam Era Veteran Disabled Veteran Disabled Individual