



APPLICATION FOR EMPLOYMENT MID-PENINSULA WATER DISTRICT

Date of Application: _____

PERSONAL INFORMATION

Name _____ Social Security Number _____
LAST FIRST MIDDLE

Address _____ Contact Number (____) _____
STREET APT# CITY STATE ZIP CODE

Are you 18 years of age or older? YES NO

Are you prevented from lawfully becoming employed in this county because of a visa or immigration status?
YES NO If yes, please explain _____

Have you ever been convicted of a felony? YES NO If yes, please explain _____

EMPLOYMENT OPPORTUNITIES

Interested Position _____ Date Available _____ Salary desired _____

How did you hear about MPWD? _____

Have you ever been employed by MPWD? YES NO If yes, when? _____

Reason for no longer being employed: _____

Have you ever applied for Employment with MPWD? YES NO If yes, when? _____

Have you ever been discharged from any employment or resigned in lieu of discharge? YES NO

If yes, explain _____

EDUCATION

| SCHOOL LEVEL | NAME & LOCATION OF SCHOOL | # OF YEARS ATTENDED | GRADUATION DATE | DIPLOMA/ DEGREE |
|---------------------|---------------------------|---------------------|-----------------|-----------------|
| HIGH SCHOOL | | | | |
| COLLEGE/ UNIVERSITY | | | | |
| TRADE/ VOCATIONAL | | | | |
| OTHER | | | | |

OTHER RELATED TRAINING

Describe any specialized training, apprenticeship, skills relevant to the position applying for:

OTHER RELATED TRAINING (CONT.)

Describe any job-related training received in the United States military:

Describe any professional, trade, business or civic activities and offices held:

PAST EMPLOYERS

List last 3 employers, beginning with current or most recent

Name of Employer: _____ Dates of Employment _____ (from) _____ (to)
Name of Supervisor: _____ Job Title _____ Phone Number () _____
Starting Salary \$ _____ Ending Salary \$ _____ Address _____
Duties Performed / Responsibilities _____
Reason for leaving _____

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Name of Employer: _____ Dates of Employment _____ (from) _____ (to)
Name of Supervisor: _____ Job Title _____ Phone Number () _____
Starting Salary \$ _____ Ending Salary \$ _____ Address _____
Duties Performed / Responsibilities _____
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Name of Employer: _____ Dates of Employment _____ (from) _____ (to)
Name of Supervisor: _____ Job Title _____ Phone Number () _____
Starting Salary \$ _____ Ending Salary \$ _____ Address _____
Duties Performed / Responsibilities _____
Reason for leaving _____

*****If more space is needed please attach an additional page*****

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experiences

State any additional information that you think may be helpful to us in considering your application

REFERENCES

- 1. _____
 (NAME) (PHONE NUMBER) (YEARS KNOWN)
- 2. _____
 (NAME) (PHONE NUMBER) (YEARS KNOWN)
- 3. _____
 (NAME) (PHONE NUMBER) (YEARS KNOWN)

APPLICANT'S SIGNATURE

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application from employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date