



Monterey Regional Water Pollution Control Agency
5 Harris Court, Building D, Monterey, California 93940-5756
(831) 372-3367 (831) 422-1001 Fax: (831) 372-6178
(An Equal Opportunity Employer)

Application for Employment

Position Applied for _____ Date: _____

Full Name _____

Address _____

City, State, Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____

Have you ever applied for employment with MRWPCA? Yes No
If yes, when and for what positions?

Have you ever been employed with MRWPCA? Yes No
If yes, state positions and dates of employment:

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

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.

Can you perform any or all job functions of the position 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.)

Full Time Part Time Weekends Overtime

Referred by _____

State names of relatives or friends working for MRWPCA. (Employed relative does not exclude application from being considered, but MRWPCA policy does not permit supervision between relatives.)

Education

School	Name and Location	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational, Business, Correspondence School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 agency 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 and Title _____

Description of Duties:

Reason for leaving (check one):

Discharge
 Layoff
 Resignation, reason _____

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 and Title _____

Description of Duties:

Reason for leaving (check one):

Discharge Layoff Resignation, reason _____

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 and Title _____

Description of Duties:

Reason for leaving (check one):

Discharge Layoff Resignation, reason _____

Skills and Qualifications

Experience, training or special skills, qualifications, languages, professional licenses or certifications that may qualify you for work with MRWPCA.

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 the result of military service? Yes No

If yes, please describe.

References

List below three (3) persons (**non-relatives**) who have knowledge of your work performance within the last three (3) years.

Name _____ Years Known _____

Address _____

Occupation _____ Phone _____

Name _____ Years Known _____

Address _____

Occupation _____ Phone _____

Name _____ Years Known _____

Address _____

Occupation _____ Phone _____

In case of emergency, notify (name, relationship, address, telephone number):

Have you ever been convicted of, entered a plea of guilty or no contest, to any crime within the last 5 years?

Yes No

Do not disclose convictions related to the possession or use of marijuana more than two years ago. Conviction of an offense is not an automatic ban to employment.

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

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

Please Read and Sign Below

I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

I HEREBY AUTHORIZE MRWPCA TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE MY FORMER EMPLOYERS TO DISCLOSE TO THE AGENCY ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE THE AGENCY, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE AGENCY. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, PURSUANT TO LAW, THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE AGENCY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE AGENCY DESIGNATED REPRESENTATIVE.

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. MRWPCA OFFERS EQUAL OPPORTUNITY TREATMENT TO ALL EMPLOYEES AND QUALIFIED APPLICANTS.

Applicant's Signature _____ **Date** _____

To submit this form electronically, attach it to an email addressed to:

Leara Sampson, Leara@mrwpc.com

Monterey Regional Water Pollution Control Agency

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. MRWPCA 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 _____

How did you become aware of the position opening (indicate specific publication source, such as *Monterey County Herald*, if applicable):

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

To submit this form electronically, attach it to an email addressed to:
Leara Sampson, Leara@mrwPCA.com.