



Marina Coast Water District
11 Reservation Road, Marina, CA 93933
(831) 384-6131 Fax (831) 883-5995

Application for Employment

Personal & Contact Information

Position Applied for _____ Salary Expected _____

Full Name _____ Date _____

Address _____

City, State, Zip _____

Telephone (Home) _____ Telephone (Cell) _____

Telephone (Business) _____

Résumé Attached Yes No

Have you ever applied for employment with the MCWD? Yes No

Have you ever been employed with the MCWD? Yes No

If yes, state dates, positions

Are you legally eligible for employment in this Country? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Are you willing to take a physical examination? Yes No
(Employment offer is contingent on applicant passing a job-related physical examination and drug testing)

Referred by _____

State names of relatives or friends working for MCWD.
(Employed relative does not exclude application from employment, but is used to prevent placement that would require evaluation or supervision between relatives.)

Education

Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma

Previous Employment & Experience

Beginning with your present or most recent position, please list employment history for the last ten years, including all of the information requested. If you have a résumé, please attach to application as well.

1. Employer _____ From _____ To _____

Address _____

Telephone _____ May we contact? Yes No

Immediate Supervisor and Title _____

Starting Title _____ Starting Salary \$ _____

Ending Title _____ Ending Salary \$ _____

Description of Duties

Reason for Leaving _____

2. Employer _____ From _____ To _____

Address _____

Telephone _____ May we contact? Yes No

Immediate Supervisor and Title _____

Starting Title _____ Starting Salary \$ _____

Ending Title _____ Ending Salary \$ _____

Description of Duties

Reason for Leaving _____

3. Employer _____ From _____ To _____

Address _____

Telephone _____ May we contact? Yes No

Immediate Supervisor and Title _____

Starting Title _____ Starting Salary \$ _____

Ending Title _____ Ending Salary \$ _____

Description of Duties

Reason for Leaving _____

4. Employer _____ From _____ To _____

Address _____

Telephone _____ May we contact? Yes No

Immediate Supervisor and Title _____

Starting Title _____ Starting Salary \$ _____

Ending Title _____ Ending Salary \$ _____

Description of Duties

Reason for Leaving _____

Skills and Qualifications

Summarize Special Skills, Qualifications, or Languages acquired from employment or other experiences that may qualify you for work with the Marina Coast Water District.

Professional or Civic Organizations Memberships

Exclude those which may disclose your race, religion, or national origin.

Military Service

Complete this section if you have served in the armed forces.

Branch of Service _____ Period of Active Duty _____ to _____

Date and Rank of Final Discharge _____

Type of Discharge _____ Reserve Status _____

Describe your duties and any special training

References

Please provide information for three (3) professional references that are not related to you.

Name _____ Telephone _____

Address _____

Business _____ Years Known _____

Name _____ Telephone _____

Address _____

Business _____ Years Known _____

Name _____ Telephone _____

Address _____

Business _____ Years Known _____

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

Have you ever been convicted of any crime in the past ten years, which resulted in imprisonment, probation, payment of a fine, forfeiture or bail of \$100 or more? *(Conviction does not automatically exclude you from consideration or employment.)* No Yes

If yes, describe in full.

Do you drive an automobile? Yes No

Driver's License Number _____ State _____ Expiration _____

I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I further declare that I, the undersigned applicant, have personally completed this application. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize investigation of all statements and contact with references contained in this application for employment as may be necessary in arriving at an employment decision.

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 District. 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 District unless made in writing and signed by me and the District designated representative.

Applicant's signature _____ **Date** _____

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

Mail completed applications to 11 Reservation Road, Marina, CA 93933.
Fax completed applications to (831) 883-5995.
Email completed applications to Jean Premutati, jpremutati@mcwd.org.