



Marina Coast Water District

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

Employment Application

Mail completed form to MCWD.

Position Applied for _____ Salary Expected _____

Name _____
Last First Middle

Address _____

City, State, Zip _____

Home Telephone (_____) _____ Mobile Telephone (_____) _____

Business Telephone (_____) _____

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 so, 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	Number of Years Completed	Did you Graduate?	Degree or Diploma

Employment History

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 From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ May we contact? Yes No

Immediate Supervisor and Title _____

Starting Title _____ Starting Salary \$ _____

Ending Title _____ Ending Salary \$ _____

Description of Duties:

Reason for Leaving _____

2 From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ May we contact? Yes No

Immediate Supervisor and Title _____

Starting Title _____ Starting Salary \$ _____

Ending Title _____ Ending Salary \$ _____

Description of Duties:

Reason for Leaving _____

3 From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ May we contact? Yes No

Immediate Supervisor and Title _____

Starting Title _____ Starting Salary \$ _____

Ending Title _____ Ending Salary \$ _____

Description of Duties:

Reason for Leaving _____

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From _____ To _____

Name and Address of Employer

Telephone Number (_____) _____ 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.

Membership in Professional or Civic Organizations

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

Military

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

Describe any special training you received:

References

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

Name _____ Phone Number (_____) _____

Address _____

Business _____ Years Known _____

Name _____ Phone Number (_____) _____

Address _____

Business _____ Years Known _____

Name _____ Phone Number (_____) _____

Address _____

Business _____ Years Known _____

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

I hereby certify that I have personally completed this application and that the answers provided 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 dismissal from the services of MCWD regardless of the time that has elapsed before discovery.

I authorize MCWD 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 MCWD from all liability or responsibility with respect to information supplied to MCWD.

I understand that filing this application in no way assures me a position with MCWD, and that this application is not, and is not intended to be, a contract of employment. 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.

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.

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.

Applicant's signature

Date

All qualified applicants will receive consideration for employment without regard to race, color, gender, age, national origin, nationality, ancestry, religion, religious dress practices and religious grooming practices, physical or mental ability, medical condition (including pregnancy, childbirth, breastfeeding and related medical conditions, HIV or AIDS-related conditions), marital status, genetics, gender identification, or sexual orientation. In addition, we encourage employment of veterans. Marina Coast Water District offers equal opportunity treatment to all employees and qualified applicants.