



APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY, FILL OUT FORMS COMPLETELY, SIGN AND DATE

It is our policy to provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

POSITION/S APPLIED FOR: 1. _____ 2. _____

Legal Name: _____ Date: _____

Preferred Name: _____

Address: _____
 street _____ city _____ state _____ zip _____

Daytime phone number: _____ Alternate phone #: _____

Email Address*: _____

**Required to receive recruitment status notifications.*

Do you have a valid California Driver's license? Yes No

Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

What type of employment will you accept? (circle one) Full Time Part-time Temporary

When will you be available for work? _____

Are you willing to work overtime as required? Yes No

Are there any restrictions that would affect your employment with the District? Yes No

Do you need reasonable accommodations to participate in an interview? _____

If yes, briefly describe or contact our office: _____

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU ARE APPLYING FOR A SPECIFIC JOB AND HAVE THOROUGHLY READ THE JOB DESCRIPTION FOR THE POSITION

Are you able to perform the essential functions of the job which you are seeking? _____

If not, list the functions that cannot be performed. _____

EDUCATION HISTORY

LEVEL	NAME & LOCATION OF SCHOOL	DIPLOMA/DEGREE
High School		
College/University		
College/Univ.		
Other Training/Education		

EMPLOYMENT HISTORY

May we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone

Date Started	Starting Position	
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Name and Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

In addition to your work history what other experiences, skills or qualifications would especially fit you for work with our company?

REFERENCES: Name persons, not related to you, which you have known for at least one year

NAME	ADDRESS	PHONE #	YRS KNOWN

Each applicant may be asked to provide additional information beyond that requested on this form in the event of future consideration for employment.

CERTIFICATION: I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, false statements will be grounds for dismissal. I authorize the investigation of all statements, and the references listed to give any and all information concerning my suitability for employment and release all parties from liability for any damage that may result from furnishing the same. I understand that my employment is for no definite period and may be terminated at any time.

How did you hear about the position/District? Please mark all that apply.

<input type="checkbox"/> District Website	<input type="checkbox"/> College/University Website	<input type="checkbox"/> Word of Mouth/In-person
<input type="checkbox"/> MVCAC Website	<input type="checkbox"/> Craigslist Ad	<input type="checkbox"/> Newspaper/Online Ad
<input type="checkbox"/> AMCA Website	<input type="checkbox"/> Indeed Ad	<input type="checkbox"/> Other:

Applicant's Signature: _____

Date: _____