

24580 Silver Cloud Court Monterey, CA 93940 (831) 647-9411 www.mbard.org

EMPLOYMENT APPLICATION

INSTRUCTIONS:

- Answer all questions accurately and completely. Incomplete applications may be disqualified.
- 2. Resumes are considered additional information and not in lieu of completed application.
- 3. Print completed application, sign and mail to address shown.

POSITION APPLYING FOR:				
PERSONAL INFORMATION				
NAME:				
FIRST	MIDDLE		LAST	
MAILING ADDRESS:	CITY		STATE	ZIP
HOME PHONE:CELL		EMAIL:		
GENERAL INFORMATION				
Have you ever been fired or forced to resign from	n previous employment?	YES NO		
Can you travel if a job requires it? YES	NO			
Do you have a valid Driver's License? YES [NO State:	License Number_		Exp:/
On what date would you be available for work? If hired, can you provide proof of the right to wo				
	EDUCATI	ON		
Are you a High School Graduate? YES N	NO High School Name and A	Address:		
If not, do you have a G.E.D. or Proficiency Certific	cate? YES NO			
COLLEGE AND ADDRESS	MAJO	R		DEGREE
List any additional Special Skills, Professional License, Certificate or Credential: Type / Issue Date / Expiration Date:				
Language Ability:	Understand	Speak	Write	Read
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	EMPLOYMENT HISTORY				
List experience beginning with your most recent job. This section must be fully completed. A resume may be attached but will not be accepted in lieu of completing this section. If additional space is needed please attach a sheet of paper.					
MAY WE CONTACT ALL EMPLOYERS LISTED? YES NO If "NO", please explain:					
DATES OF EMPLOYMENT	EMPLOYER	ADDRESS	CITY/STATE		
HOURS PER WEEK	TITLE OF YOUR POSITION	SUPERVISOR'S NAME AND PHONE NUMBER			
TYPE OF WORK PERFO	ORMED (Be Specific)				
REASON FOR LEAVING	G:				
DATES OF EMPLOYMENT	EMPLOYER	ADDRESS	CITY/STATE		
HOURS PER WEEK	TITLE OF YOUR POSITION	SUPERVISOR'S NAME AND PHONE NUMBER			
TYPE OF WORK PERFO	ORMED (Be Specific)				
REASON FOR LEAVING	G:				
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TYPE OF WORK PERF	 ORMED (Be Specific)			
REASON FOR LEAVIN	G:			
knowledge. I und	derstand that any misrepresen	ormation provided by me is complete and true to the tation or omission on this application may preclude	an offer of	
		employment offer, or may result in my discharge from entation or omission is discovered.	om employment if I	
Signature				



An Equal Opportunity-Affirmative Action Employer

This agency is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by the law.

This information is solicited on a voluntary basis. This portion of the application materials will be detached and the information you provide will not be used to make any employment decision that affects you.

POSITION APPLIED FOR:	DATE:
RACE / ETHNIC CATEGORY (check one):	
☐White (not Hispanic or Latino) – persons of origins ir Africa	n any of the original peoples of Europe, the Middle East, or North

Black or African American (not Hispanic or Latino) – persons of origins in any of the black racial groups of Africa

Hispanic or Latino – persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

Native Hawaiian or Other Pacific Islander – persons of origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian – persons of origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native – persons of origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

Two or More Races (not Hispanic or Latino) – all person who identify with more than one of the above six races