

AMBAG

ASSOCIATION OF
MONTEREY BAY AREA
GOVERNMENTS

Association of Monterey Bay Area Governments
445-G Reservation Road, PO Box 809, Marina, CA 93933
Telephone (831) 883-3750 FAX: (831) 883-3755

APPLICATION FOR EMPLOYMENT

The Association of Monterey Bay Area Governments (AMBAG) is an Equal Opportunity Employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation, or physical or mental disability.

POSITION APPLYING FOR: _____ TODAY'S DATE: _____

REFERRAL SOURCE (List name of website, person, newspaper, etc.): _____

INSTRUCTIONS: Please print in ink or type. Answer all questions accurately and completely. All statements in your application are subject to verification. Read the Certification & Authorization carefully before signing. Resumes will be accepted along with a completed application.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____ Social Security Number _____

Street Address _____ Home Phone _____ Message Phone _____

City _____ State _____ Zip _____ Do you have a valid California Driver's License? yes no
If yes, Driver's License Number: _____

Are you employed now? yes no If hired when can you start? _____

Why do you want this position? _____

Have you been convicted of a criminal offense other than a minor traffic violation since your 18th birthday? yes no
If yes, list nature of crime, when and where convicted and disposition of the case. _____

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

EDUCATION

Name and Location of High School: _____ Do you have a High School Diploma or GED Certificate? yes no
If no, highest grade completed _____

| Schools attended other than high school | Location | Major Study | Degree, Diploma, License or Certificate |
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Other Special Knowledge, Training, Skills/Qualifications, Licenses/Certificates held: _____

List any language you speak, read, write, or understand. _____

REFERENCES

List three non-related persons who have first hand knowledge of your work performance.

Name _____ Relationship _____ Years Acquainted _____ Telephone Number _____

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with your present or last job. All information ***must*** be completed. You may attach a resume, but not in place of completing the required information (use a separate sheet if necessary).

| | |
|------------------------|--|
| From (mo/yr): / | Name of Employer |
| To (mo/yr): / | Address |
| Title: | City: State: Telephone Number: () |
| Salary: | Supervisor: May we contact? yes <input type="checkbox"/> no <input type="checkbox"/> |
| Description of Duties: | |

Reason for Leaving:

| | |
|------------------------|--|
| From (mo/yr): / | Name of Employer |
| To (mo/yr): / | Address |
| Title: | City: State: Telephone Number: () |
| Salary: | Supervisor: May we contact? yes <input type="checkbox"/> no <input type="checkbox"/> |
| Description of Duties: | |

Reason for Leaving:

| | |
|------------------------|--|
| From (mo/yr): / | Name of Employer |
| To (mo/yr): / | Address |
| Title: | City: State: Telephone Number: () |
| Salary: | Supervisor: May we contact? yes <input type="checkbox"/> no <input type="checkbox"/> |
| Description of Duties: | |

Reason for Leaving:

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and complete, and any misstatements, omissions, or falsifications of material facts will be sufficient reason not to hire me, and if discovered after my employment will be considered cause for termination of my employment with AMBAG regardless of the time that has elapsed before discovery.

I authorize AMBAG to inquire into my educational, professional and past employment history references. I hereby give my consent to any former employer to provide employment-related information about me to AMBAG and will hold AMBAG and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize AMBAG to obtain a credit/consumer and conviction check. I understand that this application is not, and is not intended to be a contract of employment. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date