



MARCH JOINT POWERS AUTHORITY

Application for Employment

Position applied for: _____ Date: _____

March Joint Powers Authority (MJPA) considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, MJPA complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. MJPA also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Full Name: _____

CURRENT ADDRESS

Street: _____ Apartment No.: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cellular: _____

Referred by: _____

Are you over the age of 18? Yes No If not, state your age: _____

Do you want to work? Full Time Part Time

If part time, specify days and hours: _____

Are you willing to work overtime as necessary? Yes No

Date you can start: _____

Have you ever been employed by us? Yes No If yes, when? _____

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, MJPA will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work in the United States on a full-time basis for all employers or for your current employer only? ___ All employers' ___ Current employer only
State name(s) of any relative(s) in our employ and your relationship to them:

RECORD OF EDUCATION

School: _____

Address of School: _____

Course of Study: _____

Number of Years Completed: _____

Did You Graduate? _____ Diploma or Degree Received: _____

PRIOR WORK HISTORY (List in order, last or current employer first. Account for any gaps in your employment.)

1. Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

Job Title: _____

Dates Employed: From _____ To _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

2. Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

Job Title: _____

Dates Employed: From _____ To _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

3. Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

Job Title: _____

Dates Employed: From _____ To _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

SKILLS (that you believe are related to the job for which you are applying)

Typing w.p.m.: _____

Computer Software: _____

Other office or related equipment to position applied for: _____

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with our company?

PERSONAL REFERENCES (excluding relatives)

1. Name and Occupation: _____

Dates Known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cellular: _____

2. Name and Occupation: _____

Dates Known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cellular: _____

3. Name and Occupation: _____

Dates Known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cellular: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

2020