

# 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.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

### CURRENT ADDRESS

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Apartment No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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? \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?  Yes  No

If yes, please explain:

Have you ever been convicted of a crime?\*  Yes  No

If yes, state nature of offense, when, where, and disposition:

\*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, March JPA 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: \_\_\_\_\_

Telephone Number of Employer: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

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: \_\_\_\_\_

Telephone Number of Employer: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

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: \_\_\_\_\_

Telephone Number of Employer: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

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.)

**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces?      \_\_Yes\_\_No

List duties in the service, including special training that is relevant to the position for which you have applied.

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

Shorthand w.p.m.: \_\_\_\_\_      Typing w.p.m.: \_\_\_\_\_

Other office equipment: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name and Occupation: \_\_\_\_\_

Dates Known: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Name and Occupation: \_\_\_\_\_

Dates Known: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**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