

Employment Application

An Equal Opportunity Employer



14306 Park Avenue,
Victorville, CA 92392

(760) 245-1661
(760) 245-2699 fax

www.mdaqmd.ca.gov

Personnel Use Only

MQ's Yes No Incomplete

Ed. Exp. Lic./Cert

Date: _____ By: _____

Comments:

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Number and Street Phone

City State Zip Code E-mail

JOB TITLE

Position I am applying for: _____

EDUCATION

Select highest level of education completed

-12 12: High School Grad 13 14 15 16 16+

Did you pass the State High School Equivalency Exam, or do you possess a G.E.D. High School level certificate? Yes No
Issuing Institution: _____

College/University	Degree Earned – A.A., B.S. etc.	No. of Units	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Credentials (License, Certificate, Registration)	Granting Agency	Date Granted	Date Expires
_____	_____	_____	_____

GENERAL INFORMATION

Would you accept temporary employment?	Yes No	Can you furnish proof of having a valid California Driver License, if hired?	Yes No
Are you now or have you ever been employed by the District? If yes, please provide date(s), position(s), departments	Yes No		
Are you related by blood or marriage to any person(s) presently employed with the District? If yes, please provide name(s) of relative(s) and relationship.	Yes No		
Having read the job announcement for this position, are you able to perform the essential function with or without reasonable accommodations?	Yes No		
If hired, can you provide proof of the right to work in the U.S.?	Yes No	Have you ever worked under or been known by another name? If yes, please list name(s) and dates used.	Yes No
		Have you ever been terminated from employment or forced to resign? If yes, please explain.	Yes No

RELEVANT EMPLOYMENT HISTORY

List experience related to the position for which you are applying. Start with your most recent employer. Please complete the additional page if your experience exceeds three(3) employer/positions.

In order for your application to be considered, the following section must be completed. You are welcome to attach a resume, but a resume will not be accepted in lieu of completing this section.

May we contact all employers listed? Yes No Indicate Exceptions: _____

A	Dates Worked	Employer	Address
	From: _____ Month/Year	To: _____ Month/Year	
		Supervisors Name: Title: Telephone:	Hrs. Worked/Week

Job Title: _____

Duties:

Reason for Leaving: _____

B	Dates Worked	Employer	Address
	From: _____ Month/Year	To: _____ Month/Year	
		Supervisors Name: Title: Telephone:	Hrs. Worked/Week

Job Title: _____

Duties:

Reason for Leaving: _____

C	Dates Worked	Employer	Address
	From: _____ Month/Year	To: _____ Month/Year	
		Supervisors Name: Title: Telephone:	Hrs. Worked/Week

Job Title: _____

Duties:

Reason for Leaving: _____

READ THIS STATEMENT BEFORE SIGNING

I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any misrepresentations or omissions may be cause for disqualification or dismissal. Unless otherwise noted, I authorized the investigation of all statements given in this application, including contacting current and former employers.

Sign: _____ Date: _____

IMPORTANT NOTICE REGARDING EMPLOYMENT

Official notification of employment occurs when a candidate receives a written offer of employment from the Personnel Director or his/her designee. Certain positions may require a medical examination to ascertain a candidate's ability to perform the essential functions of the position, with or without reasonable accommodations.

DATE STAMP

EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION INFORMATION

Job Title -

Position I am applying for: _____

The following information is requested to assist in implementing the District's Equal Employment Opportunity policy. Submission of the requested information is strictly voluntary and is not required to apply for the position, nor will this information be used in making employment decisions. This questionnaire is not part of the official application.

Please Check One:

I can perform the essential functions of the position **without** reasonable accommodations.

I can perform the essential functions of the position **with** reasonable accommodations.

If you need special assistance or accommodations to participate in either a written, practical or oral examination, please describe the type of assistance or accommodations needed:

Please Check One: Male Female

Please Check One:

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

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

Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian – A person having 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 – A person having 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.

ONLY TO BE COMPLETED IF NECESSARY

D	Dates Worked		Employer	Address
	From:	To:		
	_____ Month/Year	_____ Month/Year	Supervisors Name: Title: Telephone:	Hrs. Worked/Week

Job Title: _____

Duties:

Reason for Leaving: _____

E	Dates Worked		Employer	Address
	From:	To:		
	_____ Month/Year	_____ Month/Year	Supervisors Name: Title: Telephone:	Hrs. Worked/Week

Job Title: _____

Duties:

Reason for Leaving: _____

F	Dates Worked		Employer	Address
	From:	To:		
	_____ Month/Year	_____ Month/Year	Supervisors Name: Title: Telephone:	Hrs. Worked/Week

Job Title: _____

Duties:

Reason for Leaving: _____

G	Dates Worked		Employer	Address
	From:	To:		
	_____ Month/Year	_____ Month/Year	Supervisors Name: Title: Telephone:	Hrs. Worked/Week

Job Title: _____

Duties:

Reason for Leaving: _____

READ THIS STATEMENT BEFORE SIGNING - I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any misrepresentations or omissions may be cause for disqualification or dismissal. Unless otherwise noted, I authorized the investigation of all statements given in this application, including contacting current and former employers.

Sign: _____ Date: _____