

NAME: _____

EMPLOYMENT HISTORY:

Begin with your most recent experience.

List work record history and include any other pertinent experience. Failure to list work experience will be considered an incomplete application and subject to rejection. A resume will not substitute for the information required in this section. A resume may be included but do not write "See Resume" in lieu of completing the application. Add additional pages as necessary.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes ____ No ____

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	

NAME: _____

ADDITIONAL EXPERIENCE:

Use the space provided to list any additional experience (volunteer, internship, etc.)

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory services?

Yes ____ No ____

If yes, explain:

CERTIFICATE OF APPLICANT (Read carefully before signing)

I hereby certify that all statements made in this application are true and I authorize investigation and verification of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the San Mateo County Harbor District. I further agree that upon determination I meet the minimum qualifications of the job, the District may ask me to be fingerprinted and that the recruitment process may also require me to submit to a complete medical examination by a physician and to furnish proof of eligibility to work in the United States as may be required.

Signature _____

Date: _____