



Department Use Only	
Date Received	_____
Accept	_____
Late	_____
Interview Date	_____

Application for Employment

San Mateo County Harbor District

400 Oyster Point Boulevard, Suite 300
 South San Francisco, CA 94080
 650/583-4400 Fax 650/583-4611
 www.smharbor.com

Please type or print with blue or black ink.

Position applied for: _____

Date of Application ____/____/____

Name _____
First Middle Last

Address _____
Street Number and Name Apt. City State Zip

Home Telephone _____ Message _____ Other _____

Email Address: _____

Have you ever worked for the SMCHD? ____ If yes, give dates _____ Position _____

Are you a citizen of the United States? Yes ____ No ____ If no, do you have a work permit from the U.S. Immigration and Naturalization Service? Yes ____ No ____ Permit No. _____ (Proof required)

Are you available to work evenings at Board meetings? _____

When would you be available to begin employment with the Harbor District? _____

EDUCATION

High School Graduate?	Yes ____	No ____	If no, circle highest year completed:											
High School Equivalency?	Yes ____	No ____	1	2	3	4	5	6	7	8	9	10	11	12
	Name and Location	Major Subjects	Dates	Graduate?	Degree/Cert.									
High School														
College or University														
Graduate School														
Vocational or Spec. Training														
Professional License or Certificate (If applicable)			Certificate Number			Date Issued			Date Expires					

Office Skills: Typing Speed _____ Shorthand/Dictation Speed _____

Computer programs (circle) MS WORD EXCEL MS Outlook Other programs (list) _____

Languages _____

NAME: _____

EMPLOYMENT HISTORY

Starting with the present or most recent experience, provide the following information for all employment during the past 10 years. **Submission of a resume will not substitute for a completed SMCHD application.** Only information written on the application will be used to qualify you to meet the minimum requirements. Include volunteer employment if applicable. 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)		JOB DUTIES AND RESPONSIBILITIES (in detail)	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES (in detail)	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
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IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES (in detail)	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			

NAME: _____

- 1) What course work, skills, or experience do you have that would relate to the position you are applying for? (For example: swimming, carpentry, CPR, First Aid, marine courses, computer software programs):

- 2) List all non-work or recreational marine related experience that you have:

Except as described below, list every felony conviction that you have received since your 18th birthday. Notwithstanding any of the preceding, DO NOT disclose convictions that are over two years old as of the date that you complete this application if the conviction(s) is for a violation of Health and Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes. Attach a separate sheet if this space is not adequate. (An affirmative response is not an automatic bar to employment. Each case is considered individually.)

Have you received any vehicle citations for moving violations in the last five years? Yes ____ No ____

If yes, explain fully. Attach a separate sheet if this space is not adequate. (An affirmative response is not an automatic bar to employment. Each case is considered individually.)

Do you possess a valid California Driver's License? Yes ____ No ____

Drivers License No.: _____ Expiration Date: _____ Class: _____

Were you ever discharged or forced to resign from any position? Yes ____ No ____

If yes, explain. _____

NOTE: DISABLED APPLICANTS, if you require special testing arrangements, please contact Human Resource Services at the time of application. A reasonable effort will be made to accommodate you.

NOTE: The District has a policy of requiring an examiner's physical fitness exam, together with urine drug testing of persons who have been offered employment. Individuals who are determined by the examiner not to be physically fit for duty, or who test positive for controlled substances, will not be employed. If you have a reason to believe that you will not pass an examiner's physical examination, or will test positive for the presence of controlled substances, or if you are unwilling to consent to such an examination or test if offered employment, it is recommended that you not submit an application. For promotional purposes drug testing does not apply to internal applicants.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, understand that in connection with the application process, the San Mateo County Harbor District may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the San Mateo County Harbor District regarding all sources of information concerning my past employment, education, certification and criminal conviction record, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist the San Mateo County Harbor District in obtaining documents and information to confirm my background, I hereby consent to the release of information as described below.

I request, authorize and consent to the release of information to the San Mateo County Harbor District regarding my previous and current employment, and authorized all employers or agents that they may designate to respond forthrightly to verbal or written inquiries from the San Mateo County Harbor District regarding my employment record, including but not limited to: position held; dates of employment; beginning and end pay rates; work performance; disciplinary records; reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon material in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the San Mateo County Harbor District, regardless of any agreement, instructions or representations I may have made with you previously to the contrary.

I further request, authorize and consent to the San Mateo County Harbor District’s investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The San Mateo County Harbor District has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from employment.

I also waive any and all rights and claims I may have against _____, its employees,
(District completes for reference checks)

representatives or agents; former educational institutions or any person listed as a reference, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended.

It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purpose stated above.

Signature _____ Date ____/____/____

Social Security Number: _____

This authorization expires: _____

**SAN MATEO COUNTY HARBOR DISTRICT
HUMAN RESOURCE SERVICES
400 OYSTER POINT BLVD, STE 300
SOUTH SAN FRANCISCO, CA 94080**

SUPPLEMENTAL DATA SHEET	
Position Applied For:	Date:
How did you learn about this job? (Circle all that apply)	
Newspaper Web site Professional Journal Advertisement (Name) _____	
Employment Agency Friend Relative Harbor Employee Walk-in Other _____	

Periodic reports are made to the government on the following. The information will be immediately detached from your application and kept confidential. (See below for explanations and coding definitions. Circle all answers.) Your submission of the information is encouraged but not required. **NOTE: If you do not wish to complete the remainder of this form, please check here.** ____

Sex: M F	Are you a qualified Veteran? Yes No
	Qualifying Service: (dates) _____ to _____
Are you disabled? Yes No	Are you a Special Disabled Veteran? Yes No
Race/Ethnic Group: African-American (Circle One) Hispanic	Asian or Pacific Islander White American Indian or Alaskan Native

- A. **“Qualified Veteran”** means a veteran, any part of whose active military, naval, or air service, was during a period of declared war who (i) served on active duty for a period of more than 180 days and was discharged or released there from with other than an dishonorable discharge, or (ii) was discharged or released from active duty because of a service connected disability.
- B. **“Special Disabled Veteran”** means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service connected disability.
- C. **“Disabled”** individual means any person who (1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. For purposes of this part, a disabled individual is “substantially limited” if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a physical/mental disability.
- D. **Race/Ethnic Groups:**
 - 1. **African-American, not of Hispanic Origin.** Persons having origins in any of the racial groups of Africa.
 - 2. **Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. This area includes, for example, China, Japan, Korea, the Philippine Islands, India, and Samoa.
 - 3. **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
 - 4. **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
 - 5. **White, not of Hispanic Origin:** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.