



SAN MATEO COUNTY HARBOR DISTRICT
EMPLOYMENT APPLICATION
 Human Resources
 PO Box 1449
 El Granada, CA 94018
 650/583-4400

An Equal Opportunity Affirmative Action Employer

Please visit our website at: www.smharbor.com

PLEASE NOTE: Type or print information onto this form.

Job title: _____

Name _____
First Middle Last

Mailing Address _____
Street Number and Name Apt. City State Zip

Primary Phone _____ Secondary Phone _____

Email Address: _____ All correspondence regarding the job title above will be sent to this email address.

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

Are you related to anyone employed at SMCHD? ___ If yes, provide name _____

Are you available to work evenings and/or weekends? _____

Are you interested in Full-Time __ Part-Time ____

Are you eligible to work in the United States? Yes _____ No _____

Do you possess a valid California Driver's License? Yes _____ No _____ Expiration Date _____ Class _____

EDUCATION

	Name and Location	Major Subjects	Graduate?	Degree/Cert.
High School or GED				
College or University				
Graduate School				
Vocational or Spec. Training				
Professional License or Certificate (If applicable)			Date Issued	Date Expires

Skills: Standard First Aid _____ CPR Adult _____ Child _____ 2 Person _____
 Marine Fires _____ Computer _____

NAME: _____

EMPLOYMENT HISTORY

Begin with your most recent experience

List work record history for the last ten years 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)		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 \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
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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 \$ _____			
REASON FOR LEAVING			

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 the situation and the name of the employer. _____

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the District. I authorize investigation and verification of all matters contained in this application. I further agree that, upon determination that 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 ____/____/____

DISABLED APPLICANTS: The San Mateo County Harbor District will make reasonable accommodations in the exam process to accommodate disabled applicants. If you are invited to participate in any exam process and have a disability for which you require an accommodation, please contact us at 650-583-4400 no later than seven (7) calendar days before the exam date.