



# SAN MATEO COUNTY HARBOR DISTRICT

## EMPLOYMENT APPLICATION

Human Resources

PO Box 1449

El Granada, CA 94018

650/583-4400 Fax 650/583-4611

*An Equal Opportunity Affirmative Action Employer*

Please visit our website at: [www.smharbor.com](http://www.smharbor.com)

**PLEASE NOTE: Type or print information onto this form.**

Job title: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Number and Name Apt. City State Zip

Home -Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Any and 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 available to work weekends? \_\_\_\_\_

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

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

### EDUCATION

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

Skills: Standard First Aid \_\_\_\_\_ CPR Adult \_\_\_\_\_ Child \_\_\_\_\_ 2 Person \_\_\_\_\_

Marine Fires \_\_\_\_\_ Computer \_\_\_\_\_

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

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)		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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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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**SAN MATEO COUNTY HARBOR DISTRICT  
HUMAN RESOURCE SERVICES  
PO Box 1449  
El Granada, CA 94018**

To assist the San Mateo County Harbor District in complying with the United States Government Equal Employment Opportunity reporting requirements, applicants are asked to voluntarily provide the following information. The form will be separated from your application before the screening process, will be kept confidential, and in no way will be used in the selection process. Information collected from this form will be used only for research and statistical purposes.

Position applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Gender (please check one box):             Male  Female

Please check one box for the racial/ethnic group with which you most closely identify:

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | White                                     | All persons having origins in any of the original people of Europe, the Middle East, or North Africa  |
| <input type="checkbox"/> | Black or African American                 | All persons having origins in any of the Black racial groups of Africa  |
| <input type="checkbox"/> | Hispanic or Latino                        | All persons of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race  |
| <input type="checkbox"/> | Asian                                     | All persons having origins in any of the original people of the Far East, Southeast Asian, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander | All persons having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.   |
| <input type="checkbox"/> | American Indian or Alaska Native          | All persons having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Please identify the tribe with which you are affiliated:                  |
| <input type="checkbox"/> | Two or more races                         | All persons having origins in more than one race/ethnic category.   |
| <input type="checkbox"/> | Other                                     | Please Specify:   |

How did you first learn about this position: \_\_\_\_\_