

Position applied for: _____ Date: _____

Applicant Name: _____ Address: _____

Mailing Address: _____ Phone: _____ Cell: _____

How did you hear about the job opening? _____ E-mail: _____

Please list other names by which you have been known _____

Can you, after employment, submit proof Of your legal right to work in the US?	Yes	No	Are you 18 years or older? (If under 18 a work permit is required by state/federal laws)	Yes	No
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Can you perform the essential requirements of the position you are applying for with or without reasonable accommodation? Yes No
(Note : MCSD complies with the ADA and state law and considers reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions.)

It is MCSD’s policy to provide equal opportunity to all persons without regard to race, color, religion, sex, pregnancy, marital or domestic partner status, sexual orientation, gender identity or expression, age, ancestry, national origin, disability, or medical condition, as defined in state and federal laws. This policy covers all aspects of employment, including, but not limited to, recruitment, selection, training, promotion, transfer, compensation, demotion and termination.

EMPLOYMENT HISTORY--Please list jobs you have had in the last 10 years starting with your current or most recent position.

Employer: _____ Your Job Title: _____

Address: _____ Your Supervisor & Title: _____

Employer’s Phone Number: _____ Dates Employed: From: _____ To: _____

Your Job Duties: _____

Final Salary: _____ Reason for leaving: _____ May we contact? Yes No

Employer: _____ Your Job Title: _____

Address: _____ Your Supervisor & Title: _____

Employer’s Phone Number: _____ Dates Employed: From: _____ To: _____

Your Job Duties: _____

Final Salary: _____ Reason for leaving: _____ May we contact? Yes No

Employer: _____ Your Job Title: _____

Address: _____ Your Supervisor & Title: _____

Employer’s Phone Number: _____ Dates Employed: From: _____ To: _____

Your Job Duties: _____

Final Salary: _____ Reason for leaving: _____ May we contact? Yes No

Please attach additional sheets if necessary. Please complete this section even if you are attaching a resume or other materials. Please include military and volunteer experience. Application is continued on reverse.

EDUCATION AND TRAINING

	Name & Location of School	Course of Study				Degree/Diploma Received
		Check last year completed				
High School		9	10	11	12	
College		1	2	3	4	
Technical						
Skills/Other						

LICENSES -- Please list any relevant driver's or other professional licenses or certifications

	Type or Class of License	Agency Issuing	Number and Expiration Date
Driver's			
Other			

REFERENCES -- Please list three references that we may contact at this time who are not related to you.

Name & Title _____ Address _____ Phone _____	What can this person tell us about you?
Name & Title _____ Address _____ Phone _____	What can this person tell us about you?
Name & Title _____ Address _____ Phone _____	What can this person tell us about you?

PLEASE CAREFULLY READ THE FOLLOWING APPLICANT'S STATEMENT BEFORE SIGNING:

I certify that the information contained in this application and any attachments is true and correct to the best of my knowledge. I authorize MCSD to thoroughly investigate my entire employment history, references, educational background, driving record, credit history, required licensing and certifications, and criminal record and I expressly authorize MCSD to verify all information provided in this employment application, related documents and/or employment-related interviews or discussions. Deliberate misrepresentations of fact may justify refusal of employment or if employed, termination from employment by MCSD. I understand that any misrepresentation or material omission may result to receive an offer or, if I am hired in this application, in my dismissal.

I understand that a medical examination, which may include a test for drugs and alcohol, may be required after an offer of employment is made but before employment begins. I expressly agree to present myself to a physician chosen by MCSD for such examination if requested by MCSD. I understand that all examination results will be treated confidentially by MCSD and that refusal to submit to such examination will result in withdrawal of the offer of employment.

I understand that MCSD is a drug free workplace and has an Arbitration Policy whereby employees agree to resolve all employment disputes by arbitration and to waive any rights to a trial by jury. I agree to abide by all MCSD Policies and Procedures.

I understand that MCSD is an "At Will" employer. If employed, I will be free to resign at any time for any reason and MCSD similarly retains the right to terminate my employment at will.

Signed: _____ Date: _____