

SAN MATEO COUNTY HARBOR DISTRICT Attn: Human Resources 504 Avenue Alhambra, Ste. 200 P.O. Box 1449 El Granada, CA 94018 (650) 583-4400 FAX (650) 583-4614

An Equal Opportunity Affirmative Action Employer

Please visit our website at: https://www.smharbor.com

EMPLOYMENT APPLICATION

PLEASE NOTE: Type or print information onto this form. Job Title Name _ Middle Last Address . Street Number and Name City State Home Phone _____ Business Phone _____ Cell Phone _____ Email Address _ Any and all correspondence regarding the above job title 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___ Exp. Date ____ Class ____ **EDUCATION** Did you graduate High School or receive a GED? Yes ____ No ____ If No, what was the highest grade completed? _____

	Name & Location	Major Subjects	Dates	Graduate?	Degree / Cert.
College or University					
Graduate School					
Vocational or Special Training					
Professional License or Certificate (if applicable)			Certificate No.	Date Issued	Expiration Date

Skills: Standard First Aid ____ CPR-Adult ____ 2-Person ____ Marine Fires ____ Computer Programs: _____

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 days before the test date.

NAME:					
EMPLOYMENT	THISTORY:				
Begin with your	most recent experier	ice.			
incomplete app	lication and subject to	rejection. A resume will not substitu	ure to list work experience will be considered an ute for the information required in this section. A pleting the application. Add additional pages as		
MAY WE CON	TACT YOUR PRESE	NT EMPLOYER? Yes No	_		
FROM	ТО	EMPLOYER	TELEPHONE		
JOB TITLE		ADDRESS			
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	DUTIES AND RESPONSIBILITIES (in detail)		
REASON FOR LEAVING		DUTIES (continued)	DUTIES (continued)		
FROM	ТО	EMPLOYER	TELEPHONE		
JOB TITLE		ADDRESS			
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	DUTIES AND RESPONSIBILITIES (in detail)		
REASON FOR LEAVING		DUTIES (continued)	DUTIES (continued)		
FROM	то	EMPLOYER	TELEPHONE		
JOB TITLE		ADDRESS			
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	DUTIES AND RESPONSIBILITIES (in detail)		
REASON FOR LEAVING		DUTIES (continued)	DUTIES (continued)		
FROM	ТО	EMPLOYER	TELEPHONE		
JOB TITLE		ADDRESS			
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	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	v before signing)				
I hereby certify that all statements made in this a	application are true and I authorize investigation and verification of all and that any misstatement or omission of material fact on this application				
upon determination I meet the minimum qualification	nployment with the San Mateo County Harbor District. I further agree that ations of the job, the District may ask me to be fingerprinted and that the mit to a complete medical examination by a physician and to furnish proof be required.				
Signature	Date:				