



AMBAG Human Resources
 24580 Silver Cloud Ct
 Monterey CA 93940-6536
 Office: (831) 883-3750
 Fax: (831) 883-3755

Application for Employment

General Information and Instructions

Position applied for		Filing deadline	
<ol style="list-style-type: none"> 1. Applications are accepted only for positions that are currently open. 2. All application materials (refer to job announcement) must be received at AMBAG by 4:30 p.m. on the filing deadline. 3. Please type or print with black or blue ink. 4. Fill out application completely. Do not indicate "See Resume." 5. Incomplete or illegible applications may not be considered. 6. A separate application is required for each position; copies are acceptable. Indicate the position title on each application. 7. Allow a minimum of two weeks after the filing deadline to be contacted about your application status. 8. Don't forget to sign and date your application. 9. Contact us to request an accommodation, if needed. 10. Information or documentation not solicited may not be considered. 			

Personal Information

Name						
	Last ↑	First ↑	Middle ↑	Other Name(s) Used ↑		
Present Address						
	Number and Street ↑		City ↑	State ↑	Zip ↑	
Telephone (Day)	()	-	E-Mail Address ↓			
Telephone (Evening)	()	-				

Education (List in reverse chronological order)

Did you graduate from high school or do you possess a GED or equivalent?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, enter the highest grade you completed→
Name of Institution	Location City/State	Diploma/ Degree Received	Major		

Foreign Languages

Speak		Write	
Read		Fluency	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Office Skills - List typing speed and programs you can use proficiently

Typing Speed	_____ net wpm	Database	
Word Processing		Internet	
Spreadsheet		Other	
Operating System			

Special Skills, Certifications or Licenses related to Job Applying for

Employment History

List your experience for the last 10 years, listing most recent employment first. Provide your complete employment history even if you attach a resume. If you had more than one position with the same employer, list each position separately. If more space is needed, continue on a copy or blank sheet of paper using the same format.

Position/Title				Employer			
Start Date		End Date		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Supervisor's Name and Title				Telephone	()	-	
Address							
	Number and Street ↑↑	City ↑		State ↑	ZIP ↑		
Description of duties performed							
Reason for leaving							
Position/Title				Employer			
Start Date		End Date		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Supervisor's Name and Title				Telephone	()	-	
Address							
	Number and Street ↑	City ↑		State ↑	ZIP ↑		
Description of duties performed							
Reason for leaving							
Position/Title				Employer			
Start Date		End Date		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Supervisor's Name and Title				Telephone	()	-	
Address							
	Number and Street ↑	City ↑		State ↑	ZIP ↑		
Description of duties performed							
Reason for leaving							
Position/Title				Employer			
Start Date		End Date		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Supervisor's Name and Title				Telephone	()	-	
Address							
	Number and Street ↑	City ↑		State ↑	ZIP ↑		
Description of duties performed							
Reason for leaving							

General Information

		Yes	No
<ul style="list-style-type: none"> Are you able, upon employment, to submit verification that you are a United States citizen or are eligible to work in the United States? <i>The Immigration Reform and Control Act (IRCA) requires AMBAG to obtain original documentation from every employee which verifies identity and authorizes employment in the United States. (Form I-9)</i> 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency, or misconduct? If "yes" explain below.* <i>A yes answer will not automatically preclude you from employment consideration.</i> 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Does AMBAG employ a relative of yours? If "yes" give name and relationship below.* <i>AMBAG policy prohibits the employment of relatives (by blood, marriage, adoption, etc.) when such employment would cause one relative to be in a position in which he/she could influence the fiscal or personnel status of the other.</i> 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> AMBAG is hereby authorized to contact my present employer. Exception(s) made below.* 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> AMBAG is hereby authorized to contact my past employers. Exception(s) made below.* 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> AMBAG is hereby authorized to contact other references. 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have you ever been employed by or does AMBAG currently employ you? 		<input type="checkbox"/>	<input type="checkbox"/>
Dates of Employment			
Position(s)			
Area / Department			
*Remarks/Explanations: (Add additional pages as needed.)			

Certification and Agreement of Applicant *(Please read carefully before signing.)*

This application and all supporting documents become the property of AMBAG and will not be returned.

Certification: I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in my dismissal from employment with AMBAG.

I authorize AMBAG to investigate my references, work record, education, performance evaluations, or any other matters relating to my suitability for employment. I authorize and direct my former or current employers and educational institutions to release to AMBAG any information they may have concerning my employment or education. I also authorize AMBAG to obtain and review any documents or records, including driving records, which are applicable to my employment. I release the parties listed above from any and all liability related to supplying or gathering any information about my suitability for employment.

I also understand that an incomplete application may delay or prevent employment opportunities with the District. I hereby release AMBAG, as well as those contacted by AMBAG, from any liability or damage that may result from providing or using the information requested.

Today's Date	
Print your Name	
Signature	

AMBAG/Demographic Survey (Confidential)

As an equal opportunity employer, we are required to compile summary data on applicants for employment. We are requesting your assistance in providing the information below. Please return this form with your application. The completion of this questionnaire is voluntary on your part. The form will be kept confidential and separate from all hiring documents and will not be used in making employment decisions.

Name		Date	
Position applied for			

Personal	<input type="checkbox"/> Male <input type="checkbox"/> Female	Over 40 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you a person with a disability*? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you need any accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact AMBAG for services.</i>	*As defined in the Americans with Disabilities Act of 1990, a disabled person is one who: (1) Has a physical or mental impairment which substantially limits one or more major life activities; (2) Has a record of such an impairment; or (3) Is regarded as having such an impairment.

Heritage	<input type="checkbox"/> Asian excluding Filipino: All persons having origins in any of the original people of the Far East or Southeast Asia (Chinese, Japanese, Korean, Laotian, Cambodian, Vietnamese, Asian Indian, Other Asian). <input type="checkbox"/> Black/African-American: (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa. <input type="checkbox"/> Filipino: All persons having origins in any of the original people of the Philippine Islands <input type="checkbox"/> Hispanic (Chicano/Latino/Mexican-American): All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Native American: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Pacific Islander: All persons having origins in Guamanian, Hawaiian, Samoan or other Pacific Islander group. <input type="checkbox"/> White/Caucasian (not of Hispanic origin): All persons having origins in any of the original people in Europe, the Indian Subcontinent, or the Middle East. <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Decline to state
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Veteran Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran
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Recruitment Information	How did you first learn of this job vacancy?
<input type="checkbox"/> Visit to AMBAG's Office <input type="checkbox"/> AMBAG's website <input type="checkbox"/> Friend/Word of Mouth <input type="checkbox"/> Other Government Agency <input type="checkbox"/> EDD/CalJobs <input type="checkbox"/> Referral	
<input type="checkbox"/> Ad in Local Publication/Newspaper (please identify) _____ <input type="checkbox"/> Internet (please specify WEB address/URL) _____ <input type="checkbox"/> Job Fair (please identify location) _____ <input type="checkbox"/> Professional Organization (please identify) _____ <input type="checkbox"/> Other (please indicate source) _____	

We appreciate your assistance in providing statistics to help us improve our recruitment efforts.

<input type="checkbox"/> I decline to complete this form	
Signature	