



Answer All Questions - Please Print

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap which is unrelated to the job.

Date of Application: _____ Position(s) applied for: _____.

Applicant's Name: _____.

Applicant's Mailing Address: _____.

City _____ State _____ Zip _____ Phone _____.

Are you known to schools/references by another name? ____ If yes by what name? _____.

Have you filed an application or been employed here before? _____.

If Yes, when _____.

Can you, after employment, submit verification of your legal right to work in the United States _____.
Proof of citizenship or immigration status will be required upon employment

Are you available for work: ____ Full time ____ Part time or ____ Shift Work?

If hired, on what date can you start work? _____.

Check referral source: Advertisement Employment Agency Friend Relative Internet Other

Do any of your friends or relatives work here ? _____ If so list name(s) _____.

Are you at least 18 years old? _____ (If under 18, hire is subject to verification that you are of minimum legal age.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed.) _____. If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

In case of accident or emergency please notify

Are you on Lay-Off and Subject To Recall? _____

Indicate any foreign language:

FOREIGN LANGUAGE	List Other _____
Speak _____ Good _____ Fair _____ Poor	Speak _____ Good _____ Fair _____ Poor
Read _____ Good _____ Fair _____ Poor	Read _____ Good _____ Fair _____ Poor
Write _____ Good _____ Fair _____ Poor	Write _____ Good _____ Fair _____ Poor

Can You Travel If a Job Requires It? _____ Have You Been Bonded? _____ If Yes, list position(s) below:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? _____. If No, Please Describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you obtained any special skills or abilities as the result of service in the U.S. Military? _____

If Yes, please describe: _____

List Trade or Professional Organizations Of Which You Are A Member, Including Offices Held:
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Give Name, Address and Phone Number of Three (3) References Not Related To You:

1. _____

2. _____

3. _____

Additional Information:

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities.

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

1. Employer _____ Dates from _____ to _____.

Job title _____ Work performed _____.

Employer address _____ City _____ State ____ Zip _____.

Starting Salary _____ Final Salary _____ Supervisor _____.

Reason for leaving _____.

May we contact this employer for a reference? _____.

2. Employer _____ Dates from _____ to _____.

Job title _____ Work performed _____.

Employer address _____ City _____ State ____ Zip _____.

Starting Salary _____ Final Salary _____ Supervisor _____.

Reason for leaving _____.

May we contact this employer for a reference? _____.

3. Employer _____ Dates from _____ to _____.

Job title _____ Work performed _____.

Employer address _____ City _____ State ____ Zip _____.

Starting Salary _____ Final Salary _____ Supervisor _____.

Reason for leaving _____.

May we contact this employer for a reference? _____.

4. Employer _____ Dates from _____ to _____.

Job title _____ Work performed _____.

Employer address _____ City _____ State ____ Zip _____.

Starting Salary _____ Final Salary _____ Supervisor _____.

Reason for leaving _____.

May we contact this employer for a reference? _____.

Summarize Special Skills and Qualifications Acquired From Employment Or Other Experience:

Education

	High School	College / University	Graduate / Professional
School Name			
Years Completed:	9 - 10 - 11 - 12	1 - 2 - 3 - 4	1 - 2 - 3 - 4
Diploma/Degree			

Describe course of study specialized training, apprenticeship skills, or extra-curricular activities below:



AGREEMENT

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize **Merced County Association of Governments** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **Merced County Association of Governments**, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and **Merced County Association of Governments**. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or **Merced County Association of Governments**, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and **Merced County Association of Government's** designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the **Merced County Association of Governments**, I am entitled to copies of any such public records obtained by the **Merced County Association of Governments** unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the **Merced County Association of Governments**.

Signature of Applicant _____ Date _____.