



Municipal Pooling Authority



An Equal Opportunity Employer Employment Application

It is important that you answer all questions and thoroughly complete all pages of this application form. Incomplete or illegible applications will not be considered. All statements are subject to verification and any information that is inaccurate or untruthful could result in loss of employment rights or a job.

POSITION APPLYING FOR:
NAME: Last First Middle Initial
ADDRESS: Number Street Apt. # City State Zip Code
Home Phone: Business Phone or Other: Email Address:

Are you 18 years of age or over? Yes No
(Persons under 18 years of age may be precluded by law from working in certain occupations.)
Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? Yes No
If yes, please explain providing details. Attach a separate sheet, if necessary.

Do you have a valid driver's license (if the position requires it?) Yes No
Driver's License #: Issuing State:

Do you have a member of your immediate family (mother, father, spouse, child, step-child, brother, or sister) employed by the Municipal Pooling Authority? Yes No
If Yes, please provide their name and relationship.
Have you ever been employed by the Municipal Pooling Authority? Yes No
If Yes, please explain.

EDUCATION: High School Attended:
High School Graduate or GED? Yes No

Table with 4 columns: Name of College or University, Location, Degree/Certificate Received, Major Subjects

List special skills and currently valid licenses, certificates, relevant to this position.

EMPLOYMENT EXPERIENCE: 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. Resumes may be included, but do not write "See Resume" in lieu of completing the application. If additional space is needed, make a copy of this Employment Experience Section or attach additional pages.

May we contact your current employer? Yes No

Dates of Employment FR: Mo/Yr TO: Mo/Yr	Employer	Job Title	# Supervised
Hours Per Week:	Street Address	City	State/Zip
Monthly Salary:	Duties		
Reason for leaving:			

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CERTIFICATE OF APPLICANT: I hereby certify that all statements made in this application and all other submitted documents are complete and true. I understand that any misstatements, omission of material facts, or failure to complete the application, supplemental questionnaire, and other documents will subject me to disqualification or termination of employment, no matter when discovered. I understand that applications (and any other required materials as stated on the job announcement) must be received in the Human Resources Department by the final filing date and time as specified on the job announcement. If offered employment, I can meet Immigration and Naturalization Service employment standards and I consent to a criminal history and motor vehicle records check to be obtained by the MPA.

SIGNATURE: _____ DATE: _____

**SUBMIT YOUR APPLICATION TO: The Municipal Pooling Authority, Human Resources Department
1911 San Miguel Drive, Suite 100 • Walnut Creek, California 94596 • Fax (925) 943-1100**

If you move, please notify the Human Resources Department of your new address