



**APPLICATION FOR EMPLOYMENT**  
Monterey Peninsula Regional Park District  
P.O. Box 223340, Carmel, CA 93922  
4860 Carmel Valley Road, Carmel, CA 93923  
(831) 372-3196 | [jobs@mprpd.org](mailto:jobs@mprpd.org)  
[www.mprpd.org](http://www.mprpd.org)

**MONTEREY PENINSULA REGIONAL PARK DISTRICT (MPRPD) IS AN EQUAL OPPORTUNITY EMPLOYER**

State and federal laws prohibit discrimination in employment because of race/color, ancestry/national origin, religion, creed, age, disability, sex, gender, sexual orientation, gender identity, gender expression, medical condition, genetic information, marital status, military and veteran status, or any other characteristic protected by federal, state or local law.

Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**ADDRESS:** \_\_\_\_\_  
(City) (State) (Zip)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**POSITION FOR WHICH YOU ARE APPLYING:**  
\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_  
**CELL PHONE:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

**EDUCATION** (Please include vocational, business, trade or correspondence schools under Other.)

	High School	Undergraduate College/University	Graduate/Professional	Other
School Name & Location				
Years Completed				
Major/Minor				
Degree/Certificates				

	<b>Yes</b>	<b>No</b>
Are you under the age of 18? If Yes, can you provide proof of your eligibility to work?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If offered employment, can you provide proof of your legal right to work in the U.S.? <i>Proof of employment eligibility will be required upon employment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for employment with MPRPD before? If Yes, when? _____ Position for which applied: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have relatives employed by MPRPD? If Yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a member of the California Public Employees' Retirement System (CalPERS)? If Yes, are you a Retired Annuitant?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
How did you hear about this job? _____		

Have you ever been fired, dismissed, terminated or had an employment contract terminated from any position for performance or for disciplinary reasons? If Yes, provide details:	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**LICENSES AND CERTIFICATES**

List any licenses, certificates, professional or vocational competence you possess to practice a trade or profession if it is a requirement of the position you are applying for:

Description	License/Certificate Number	Expiration

The position for which you are applying requires driving an MPRPD vehicle and a valid California driver license. Please complete the following AND provide a copy of your DMV Driver License Record (available from the CA DMV). Applications submitted without this information will be deemed incomplete and rejected.

Driver License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

List any other special skills or abilities, including fluency in a foreign language.

**EMPLOYMENT HISTORY**

Beginning with your most recent employment first, list all other jobs in order. Please include information pertaining to unpaid or volunteer experience. Use a separate block for each job, including within the same organization. Use additional sheets if necessary. Resumes may be attached for additional information but *will not* be accepted in lieu of a completed Employment Application.

Employment Dates (From/To):	Name of Employer:
Position:	Address:
Immediate Supervisor & Title:	Supervisor Phone Number:
Description of Duties:	
Reason for Leaving:	

<b>Employment Dates (From/To):</b>	<b>Name of Employer:</b>
<b>Position:</b>	<b>Address:</b>
<b>Immediate Supervisor &amp; Title:</b>	<b>Supervisor Phone Number:</b>
<b>Description of Duties:</b>	
<b>Reason for Leaving:</b>	
<b>Employment Dates (From/To):</b>	<b>Name of Employer:</b>
<b>Position:</b>	<b>Address:</b>
<b>Immediate Supervisor &amp; Title:</b>	<b>Supervisor Phone Number:</b>
<b>Description of Duties:</b>	
<b>Reason for Leaving:</b>	
<b>Employment Dates (From/To):</b>	<b>Name of Employer:</b>
<b>Position:</b>	<b>Address:</b>
<b>Immediate Supervisor &amp; Title:</b>	<b>Supervisor Phone Number:</b>
<b>Description of Duties:</b>	
<b>Reason for Leaving:</b>	
<b>Employment Dates (From/To):</b>	<b>Name of Employer:</b>
<b>Position:</b>	<b>Address:</b>
<b>Immediate Supervisor &amp; Title:</b>	<b>Supervisor Phone Number:</b>
<b>Description of Duties:</b>	
<b>Reason for Leaving:</b>	

## APPLICANT'S STATEMENT

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I certify that the statements given by me in this application are true, complete, and correct to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the Monterey Peninsula Regional Park District is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment drug screen and a pre-employment physical and I voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

I understand that the position for which I am applying requires driving during the course of employment and I will be required to possess and maintain a valid California driver license.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission, false, or misleading information 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. I understand that I am required to abide by all Personnel Policies and Procedures of the Monterey Peninsula Regional Park District.

I hereby authorize Monterey Peninsula Regional Park District to thoroughly investigate my employment history, education, and other matters related to my suitability for employment, without giving me prior notice of such disclosure. In addition, I hereby release Monterey Peninsula Regional Park District from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview that may be granted, is intended to create an employment contract between Monterey Peninsula Regional Park District and me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTARY SELF-IDENTIFICATION FORM

Monterey Peninsula Regional Park District is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Monterey Peninsula Regional Park District invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Date of Application (Month & Year):** \_\_\_\_\_

**Gender (please check one):** Male  Female  Nonbinary

**Race and Ethnic Category (Please check the box that best describes your race/ethnicity.):**

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- Native American or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races