North Coast Unified Air Quality Management District 707 L Street, Eureka, CA 95501

707 L Street, Eureka, CA 95501 (707) 443-3093 www.ncuagmd.org



APPLICATION FOR EMPLOYMENT

Please type or pri	int in dark ink. Use additio	nal pages if necessary.					
1. Title of posit	ion:						
2. Last Name: _		First:		Middle:			
3. Address:		City:		State:	Zip	:	
4. Home Phone	2:	Work Phone:					
5. Have you gra	aduated from high schoo	l? Yes No G	ED:				
If no, circle/s	select the highest grade y	ou completed: 6 7 8 9	9 10 11				
6. List any relat	tives employed by NCUA	QMD or on the Board of Dire	ectors:				
7. Have you wo	orked for NCUAQMD pre	viously? If so, when?	·				
		l which may help qualify you here acquired, dates, and w	•			ional, Sasines.	
Include driver's	license, certificates, pro State	ave which may help qualify y fessional registrations, etc. Number	Da	te issued	·	applying. Date expires	
10. List colleges	s attended:						
Name	Location	Dates (From/To)	Major	Units	Degree	Date Earned	
	ion for which you are ap	olying requires specific work	experience, inc	dicate the an	nount of q	ualifying work	
a. Been b. Resig	dismissed or fired from gned from or quit a posit	on a separate piece of paper a position for any reason? ion while under investigation	n or after being	informed		_ No	
discipline would be taken against you, or during an appeal of a disciplinary action? c. Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? 13. If hired, can you present evidence of your U.S. citizenship or proof of your legal right						_ No	
to live and work	Yes	No					

Name	Address	City	State	Zip Cod	de Phone
					ent job. Show promotions
	. Be sure to include ap be attached to provide		ience. A resume	e may not be su	bstituted for this section,
	·				
			Full-time	Part-time	Hrs. per Week
Employer's Name		 Address			
Supervisor's Name	2		Title		
Describe your dut					
Reason for Leaving	g:				
B. Dates of Work:	From (Month/Year)	To (Month/Year)			Hrs. per Week
Employer's Name		Address			
Supervisor's Name	e		Title		
Describe your dut	ies:				
Reason for Leaving	g:				
Your Title		· · · · · · · · · · · · · · · · · · ·			Hrs. per Week
Employer's Name		Address			
Describe your duti			ritie		
, , , , , , , , , , , , , , , , , , , ,					
Reason for Leaving	g:				
Your Title					Hrs. per Week
Employer's Name		Address			
Supervisor's Name	e		Title		
Describe your duti	les.				
Reason for Leaving	g:				
that false stateme		rial facts shall be sufficien			my knowledge. I understand permission to the employers
Yes No	If no, please explain: _				
Signature					Date

14. References – List the names and addresses of at least three persons living in the U.S. who are not related to you and

who have definite knowledge of your qualifications for the position for which you are applying.

Date _____