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 prin	t in dark ink. Use additio	nal pages if necessary.				
1. Title of positio	n:					
2. Last Name:		First:		_ Middle: _		
3. Address:		City:		_State:	Zip	:
4. Home Phone:		Work Phone:		SS#		
5. Have you grad	luated from high schoo	l? Yes No GI	ED:			
If no, circle the	e highest grade you cor	npleted: 6 7 8 9 10 11				
6. List any relativ	ves employed by NCUA	QMD or on the Board of Dire	ectors:			
7. Have you work	ked for NCUAQMD pre	viously? If so, when?				
	• .	I which may help qualify you here acquired, dates, and w	·			
Include driver's li	cense, typing or steno State	ave which may help qualify y certificates, professional reg Number	istration, etc. Date	on for which	•	applying. Date expires
10. List colleges a	attended:					
Name	Location	Dates (From/To)	Major	Units	Degree	Date Earned
·		blying requires specific work	experience, indic	cate the an	nount of q	ualifying work
	ave. Years: Mor					
a. Been d	lismissed or fired from	n a separate piece of paper a a position for any reason? on while under investigation			Yes	_ No
discipline c. Been re	would be taken agains ejected or told you wo	st you, or during an appeal o uld not receive permanent o	f a disciplinary ac	tion?		_ No
_		or trial period on the job? fyour U.S. citizenship or prod	of of your legal ri	ght	Yes	_ No
to live and work i		, san old disconding of prov	2. 2. jeun 10gan 11	o	Yes	No

who have definite knowledge of your on Name Address	qualifications for the po City	sition for which y State	ou are applying Zip Co	
5. Work History – Please list your wo s separate jobs. Be sure to include ap Ithough it may be attached to provide	propriate military expe			
. Dates of Work: From (Month/Year)	To (Month/Year)			
mployer's Name	Address			
Supervisor's Name our Title		_ Title		
Your Title	Salary	per _		
Peacan for Leaving:				
Reason for Leaving:				
B. Dates of Work: From (Month/Year)	To (Month/Year)	Full-time	Part-time	Hrs. per Week
Employer's Name Supervisor's Name /our Title	Address			
Supervisor's Name		_ Title		
our Title	Salary	per _		
Describe your duties:				
Reason for Leaving:				
C. Dates of Work: From (Month/Year)				
Employer's Name	Address			
Supervisor's Name /our Title		_ Title		
Your Title Describe your duties:	Salary	per _		
Peacen for Leaving:				
Reason for Leaving:				
D. Dates of Work: From (Month/Year)				
Employer's Name	Address	—···		
Supervisor's Name our Title		_ l'itle		
Your Title				
Reason for Leaving:				
Read carefully before signing. I certify that understand that false statements or omiss the employers listed to release informatio	ions of material facts sha	ll be sufficient cause		=
es No If no, please explain:				
Signature		Data		