



MCCLELLAN

DEVELOPMENT AUTHORITY

Employment Application

An Equal Opportunity Employer

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered and any false statements on this application shall be considered cause for termination. The McClellan Development Authority (MDA) endorses the principles of equal employment opportunity. It is our policy to provide, in good faith, equal opportunity to all employees and applicants for employment in accordance with applicable laws, directives and regulations of Federal, State and Local governing bodies and their agencies. It is MDA's policy to administer all employment and personnel actions without regard to race, color, creed, religion, sex, age, national origin, disability, or Vietnam-era or other eligible veteran status. MDA actively seeks the services of qualified minorities, females, disabled individuals and Vietnam-era and other eligible veterans.

General Information			
Last Name		First Name	Date of Application
Address (City, State, Zip Code)		Middle Initial	Telephone Number
Social Security Number - -		Are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for the MDA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter information in the "Employment" section.		Company policy prohibits the employment of any person under the age of 18 years. Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Applying For			
Position(s) Applied For / Title		Employment Type: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Date Available	Expected Salary	Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Skills			
List Hardware/Software Used Proficiently		List Tools/Equipment Used Proficiently or Licenses Held	
Please use this space for any other information you wish to supply regarding your qualifications.			
References			
List below the names of references we may contact who can comment on your work qualifications. Do not include relatives.			
Name	Street Address, State, Zip	Telephone	Relationship
Name	Street Address, State, Zip	Telephone	Relationship

Employment

Beginning with most recent, list all employment, including part time and self-employment. Resumes are not accepted in lieu of this section.

May we contact your current employer for verification? Yes No

Employer Name		Street Address, City, State, Zip	
Dates of employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for leaving
Starting Position & Annual Salary		Last Position & Annual Salary	Other Compensation (Bonus, OT)
Briefly describe your work			

Employer Name		Street Address, City, State, Zip	
Dates of employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for leaving
Starting Position & Annual Salary		Last Position & Annual Salary	Other Compensation (Bonus, OT)
Briefly describe your work			

Employer Name		Street Address, City, State, Zip	
Dates of employment		Position Title	Job Location
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Starting Position & Annual Salary		Last Position & Annual Salary	Other Compensation (Bonus, OT)
Briefly describe your work			

Employer Name		Street Address, City, State, Zip	
Dates of employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for leaving
Starting Position & Annual Salary		Last Position & Annual Salary	Other Compensation (Bonus, OT)

Education

High school Name _____ Street _____ City State Zip _____	Special Courses	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, was GED obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University Name _____ Street _____ City State Zip _____	Degree and Major	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University Name _____ Street _____ City State Zip _____	Degree and Major	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Name _____ Street _____ City State Zip _____	Degree and Major	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

List Honors and/or Awards

List Extracurricular Activities

List professional societies or organizations of which you are now a member and include offices held. Do not include memberships that would indicate your race, sex, religion, origin, age or marital status.

Professional License

License Number	License Type	State / Country	Expiration Date

U.S. Military Service (if applicable)

Job Duties

Special Training

Other Information

In answering the following questions, you may disregard any offenses with respect to which you have a sealed record on file with the Commissioner of Probation and with respect to cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court of criminal prosecution.

Answering Yes to the following questions will not necessarily disqualify you from the job applied for:

- 1. Have you ever been convicted of a crime, other than minor traffic violations? Yes No
- 2. Have you ever been convicted by a general court-martial? Yes No

If you have answered "Yes" to any of the foregoing questions, please state the details including the date of any conviction, the nature of the crime or offense, and the sentence imposed.

Please Read The Following Statement Carefully Before Signing

- 1. I hereby voluntarily give the company the right to conduct a background investigation and agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or organizations supplying such information.
- 2. I certify that all statements made by me on this application for employment are true and correct to the best of my knowledge and belief, and agree that if employed, any misrepresentation, falsification or omission of facts there on, shall justify my immediate dismissal.
- 3. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is at-will and can be terminated at any time with or without notice, for any reason. I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by the company's associate general counsel.
- 4. I agree, if employed, not to disclose to anyone outside the company any information confidential or proprietary to the company or any of its subsidiaries. If employed, I agree not to disclose information or to remove company property or copy or cause to be copied any material and/or data that is confidential and/or proprietary to a vendor/supplier of the company or any of its subsidiaries. If employed, I further agree that this obligation will apply, both during and after the term of my employment with the company.
- 5. I understand that as a condition of employment I must receive a drug screening. A positive test for drugs, other than those prescribed by my physician will constitute grounds for withdrawal of the Company's employment offer.
- 6. I will submit the following documents at time of hire: proof that I am authorized to work in the United States.

Signature

Date