



**SAN MATEO COUNTY HARBOR DISTRICT**  
**Attn: Human Resources**  
**P.O. Box 1449**  
**El Granada, CA 94018**  
**(650) 583-4400 FAX (650) 583-4614**

*An Equal Opportunity Affirmative Action Employer*

Please visit our website at: <https://www.smharbor.com>

**EMPLOYMENT APPLICATION**

**PLEASE NOTE: Type or print information onto this form.**

Job Title \_\_\_\_\_

Name \_\_\_\_\_  
 First Middle Last

Address \_\_\_\_\_  
 Street Number and Name Apt. City State Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_  
 Any and all correspondence regarding the above job title will be sent to this email address.

Have you ever worked for the SMCHD? \_\_\_\_\_ If yes, give dates \_\_\_\_\_ Position \_\_\_\_\_

Are you available to work weekends? \_\_\_\_\_

When would you be available to begin employment with the Harbor District? \_\_\_\_\_

Do you possess a valid California Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Exp. Date \_\_\_\_\_ Class \_\_\_\_\_

**EDUCATION**

Did you graduate High School or receive a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, what was the highest grade completed? \_\_\_\_\_

	Name & Location	Major Subjects	Dates	Graduate?	Degree / Cert.
College or University					
Graduate School					
Vocational or Special Training					
Professional License or Certificate (if applicable)			Certificate No.	Date Issued	Expiration Date

**Skills:** Standard First Aid \_\_\_\_\_ CPR-Adult \_\_\_\_\_ CPR-Child \_\_\_\_\_ 2-Person \_\_\_\_\_ Marine Fires \_\_\_\_\_

Computer Programs: \_\_\_\_\_

**DISABLED APPLICANTS:** The San Mateo County Harbor District will make reasonable accommodations in the exam process to accommodate disabled applicants. If you have a disability for which you require an accommodation, please contact us at 650-583-4400 no later than seven (7) calendar days before the test date.

**NAME:** \_\_\_\_\_

**EMPLOYMENT HISTORY:**

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. A resume may be included but do not write "See Resume" in lieu of completing the application. Add additional pages as necessary.

**MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes \_\_\_ No \_\_\_**

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (Name and Title)		DUTIES AND RESPONSIBILITIES (in detail)	
REASON FOR LEAVING		DUTIES (continued)	

**NAME:** \_\_\_\_\_

**ADDITIONAL EXPERIENCE:**

Use the space provided to list any additional experience (volunteer, internship, etc.)

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory services?

Yes \_\_\_\_ No \_\_\_\_

If yes, explain:

Tell us how you heard about this job? \_\_\_\_\_

**CERTIFICATE OF APPLICANT** (Read carefully before signing)

I hereby certify that all statements made in this application are true and I authorize investigation and verification of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the San Mateo County Harbor District. I further agree that upon determination I meet the minimum qualifications of the job, the District may ask me to be fingerprinted and that the recruitment process may also require me to submit to a complete medical examination by a physician and to furnish proof of eligibility to work in the United States as may be required.

Signature \_\_\_\_\_

Date: \_\_\_\_\_