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MRY IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender), religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: 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.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** _____
Last First Middle

2. **Address:** _____
Street City State Zip

3. **Telephone Number:** () - 4. **Email Address** _____

5. **Are you at least 18 years old?** Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No

6. **Do you have a legal right to work in the United States?** Yes No
If employed, you will be required to provide proof.

7. **Have you applied to MRY for employment in the past?** Yes No
If yes, when? _____ Position applied for: _____

8. **Do you have any relatives currently employed by MRY?** Yes No
If yes, who? _____ What relation to you? _____

9. **Have you ever used another name that we would need to verify your employment experience and education?**
 Yes No If yes, indicate such name and the date the name changed:

10. **Are you currently employed?** Yes No *If yes, may we contact your current employer at anytime?* Yes No
 You may contact my current employer, but only when: _____

POSITION

1. Position for which you are applying:

2. Are you available to work: Full-Time Part-Time Temporary On-Call
 Evenings Weekends Overtime Split Shift
 Other: _____

3. When would you be available to start working? _____

4. How did you hear about the availability of the position for which you are applying?
 Newspaper Advertisement Employment Agency Current Employee
 Friend Relative Walk-In Other: _____

5. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes No

SPECIAL SKILLS AND TRAINING

1. Describe specialized training, apprenticeships, skills or research:

2. List current certifications and/or professional licenses, if any, and where registered:

3. Office/business equipment and software qualified or trained to use:

<p>4. Check special skills or training:</p> <p><input type="checkbox"/> Reception <input type="checkbox"/> Custodial <input type="checkbox"/> Administrative <input type="checkbox"/> Landscaping <input type="checkbox"/> Management <input type="checkbox"/> Maintenance Mechanics <input type="checkbox"/> Operations <input type="checkbox"/> Equipment Maintenance <input type="checkbox"/> Information Systems Mgt. <input type="checkbox"/> FAA & TSA Interaction</p>	<p style="text-align: center;">Please Check Software and List Programs (i.e., Word, Excel, etc.):</p> <p><input type="checkbox"/> Word Processing _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Spreadsheet _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Database _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Accounting _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Other _____ <input type="checkbox"/> basic <input type="checkbox"/> adv.</p>
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5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title			Hourly Rate/Salary		
			Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?					

2.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title			Hourly Rate/Salary		
			Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?					

3.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title			Hourly Rate/Salary		
			Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?					

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Choose Last Year
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Night School		Subject: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of MRY regardless of the time that has elapsed before discovery.

Signature of Applicant

Date