

MONTEREY COUNTY HISTORICAL SOCIETY
333 BORONDA ROAD
SALINAS, CALIFORNIA 93912



MCHS DOCENT PROGRAM APPLICATION – Date ___/___/___

PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: ____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

CONTACT INFO: e-mail(s): _____ cell-phone: ___ - ___ - _____

WOULD YOU BE WILLING TO SUBMIT TO BACKGROUND AND CREDIT CHECKS? YES ____ . NO ____

(A NO ANSWER WILL NOT NECESSARILY ELIMINATE YOU FOR CONSIDERATION FOR THE MCHS DOCENT/VOLUNTEER TRAINING PROGRAM.)

EMPLOYMENT HISTORY:

CURRENT EMPLOYER:

NAME: _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

SUPERVISOR: NAME _____ TITLE: _____ DEPT/DIVISION: _____

CONTACT: e-mail(s): _____ work: ___ - ___ - _____ cell ___ - ___ - _____

Fax: _____ EMPLOYMENT DATE: HIRE DATE - ___/___/___

DESCRIBE, IN DETAIL, THE DUTIES AND RESONSIBILITIES OF **YOUR** POSITION _____

FORMER EMPLOYER:

NAME: _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

SUPERVISOR: NAME _____ TITLE: _____ DEPT/DIVISION: _____

CONTACT: e-mail(s): _____ work: ___ - ___ - _____ cell ___ - ___ - _____

Fax: _____

EMPLOYMENT DATE: HIRE DATE - ___/___/___ LAST EMPLOYMENT DAY - ___/___/___

DESCRIBE, IN DETAIL, THE DUTIES AND RESONSIBILITIES OF **YOUR** POSITION _____

PERSONAL REFERENCES (2)

1) (may we contact this reference? YES __ NO __)
NAME: LAST _____ FIRST _____ POSITION TITLE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
TELEPHONE NUMBERS: CELL ___-___-____. OTHER(S) ___-___-____. ___-___-____.
HOW LONG HAVE YOU KNOWN THIS PERSON? _____/_____ (YEARS/MONTHS)
PREFERRED CONTACT METHOD/INFO: _____

2) (may we contact this reference? YES __ NO __)
NAME: LAST _____ FIRST _____ POSITION TITLE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
TELEPHONE NUMBERS: CELL ___-___-____ OTHER(S) ___-___-____. ___-___-____.)
HOW LONG HAVE YOU KNOWN THIS PERSON? _____/_____ (YEARS/MONTHS)
PREFERRED CONTACT METHOD/INFO: _____

PROFESSIONAL REFERENCES (2)

1) (may we contact this reference? YES __ NO __)
NAME: LAST _____ FIRST _____ POSITION TITLE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
TELEPHONE NUMBERS: CELL- ___-___-____. OTHER(S) ___-___-____. ___-___-____.
HOW LONG HAVE YOU KNOWN THIS PERSON? _____ (YEARS)
PREFERRED CONTACT METHOD/INFO: _____

2) (may we contact this reference? YES __ NO __)
NAME: LAST _____ FIRST _____ POSITION TITLE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
TELEPHONE NUMBERS: CELL- ___-___-____. (OTHER(S) - ___-___-____. ___-___-____.)
HOW LONG HAVE YOU KNOWN THIS PERSON? _____ (YEARS)
PREFERRED CONTACT METHOD/INFO: _____

JOB SKILLS INVENTORY

1> PLEASE DESCRIBE YOUR BACKGROUND AND EXPERIENCES IN CUTOMER SERVICE (i.e. – EDUCATOR, CARE-GIVER, RETAIL OR WHOLESALE SALES, NURSE, MILITARY VETERAN, HOSPITALITY INDUSTRY.)
