NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT

All inquiries should be directed via Email: office@nsaqmdca.gov

Please Email application to:
office@nsaqmdca.gov
(By 4:00 P.M. September 15, 2026)

OR
Please mail application to:
Northern Sierra Air Quality Management District
257 E Sierra Ave Unit E
Portola, CA 96122
(Postmarked by 4:00 P.M. September 15, 2026)

Or Hand Deliver to:
Northern Sierra Air Quality Management District
257 E Sierra Ave Unit E
Portola, CA 96122
(Deliver by 4:00 P.M. September 15, 2026)

1. _____
Last Name First Name Middle Name

2. _____
Street Address City/State Zip

3. _____
Home Telephone Number Work Telephone Number

4. _____
Email

5. Social Security Number_____
(In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary.)

6. Do you have a valid Driver's License: Y N
_____/_____
State License Number

7. Have you ever been fired or forced to resign from previous employment? Y N

8. Can you travel if a job requires it? Y N

9. On what date would you be available for work? _____

10. Language Ability:

	Understand	Speak	Write	Read
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

11. Education 8 9 10 11 12	GED_____	College 1 2 3 4	Graduate Work: Y N
School Name and Location	Major		Degree

12. List the positions you have held starting with your most recent job. If you were employed under another name, write in the name which you were known to your employer. If additional space is needed, please use the last page of application. This section must be fully completed. A resume may be attached but will not be accepted in place of this section.

Dates of Employment	Employer (Business or Agency Name)	Address/City/State/Zip
Hours per Week	Title of your Position	Supervisors Name & Phone Number
	Type of Work Performed (Be specific.)	
Reason for Leaving		

Dates of Employment	Employer (Business or Agency Name)	Address/City/State/Zip
Hours per Week	Title of your Position	Supervisors Name & Phone Number
	Type of Work Performed (Be specific.)	
Reason For Leaving		

Dates of Employment	Employer (Business or Agency Name)	Address/City/State/Zip
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Hours per Week	Title of your Position	Supervisors Name & Phone Number
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Reason For Leaving		
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Hours per Week	Title of your Position	Supervisors Name & Phone Number
	Type of Work Performed (Be specific.)	
Reason For Leaving		

13. May we contact all employers listed? Y N
If "No" indicate exceptions:

14. Describe any specialized training, apprenticeship, or computer skills you have:

15. Have you ever had any job related training in the United States Military? Y N
If yes, please describe:

16. Please state any additional information you feel may be helpful to us in considering your application:

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

X_____

Signature Date

Additional Comments