



Monterey County Alternative Housing Site Worker Application

Overview

The County of Monterey Emergency Operations Center operates Alternate Housing Sites (AHS) to temporarily house COVID-19 positive and COVID-19 exposed residents who have no place to safely isolate during their designated isolation period. If you meet the eligibility requirements listed below, you can be hired to help with guest services, registration, food distribution, and facilitating maintenance at AHS locations throughout the County, including homeless shelters, Project Roomkey locations, and other service sites, providing an opportunity to serve your community in its time of need as well as a deeply rewarding personal experience. COVID-19 safety training will be provided to the Site Worker.

Would you like to make an impact in someone's life? Apply today, opportunity is waiting for you.

Eligibility

- Must be 18 or older
- Must have the right to work in the United States
- Males must be registered with Selective Service
- Adult: Must have low income
- Dislocated Worker: Must be laid off or long-term unemployed
- 18- 24/Youth: Must be out of school and have low income
- Participants must pass a background check

Terms of Employment for Jobs/Work Experience (WEX)

- \$17.00 per hour
- 32 hours per week
- Up to 26 weeks of employment
- Three shifts available: 7:00am-4:00pm; 3:00pm-12:00am: and 11pm-8:00am
- Participants cannot work overtime
- Two location to select from to work – Salinas and King City

Call us now for services provides by phone, all offices all closed to walk-in due to COVID-19

For more information applicant can call AJCC 866-666-9332 or Turning Point 831-256-7110

The Monterey County Workforce Development Board is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Application for Alternative Housing Site Worker

Applicant Information

Full Name:

_____ Date: _____

Last

First

M.I.

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Cell Phone:

_____ **Email** _____

Are you a citizen of the United States?

YES NO

If no, are you authorized to work in the U.S.? YES NO

Are you temporarily or permanently laid off because of COVID-19?

YES NO

Have you been unemployed for more than 15 of the previous 26 weeks?

YES NO

Were you self-employed and became significantly underemployed as a consequence of COVID-19?

YES NO

Do any of the follow situations applies to you?

YES NO

Authorized to work in U.S., and

1. Terminated or laid off, eligible for or exhausted UI and unlikely to return to industry or occupation; or
2. Lost job from permanent closure or substantial layoff of a plant, facility or enterprise; or
3. Was self-employed and now unemployed because of economic conditions or natural disaster.
4. Or a member of Armed Forces who lost employment due to permanent change in duty station or is unemployed, underemployed and has difficulty finding or upgrading employment

Education

High School:

_____ Address: _____

From: _____

To: _____ **Did you graduate?** YES NO Diploma: _____

College:

Address: _____

From: _____

To: _____

Did you graduate?

YES

NO

Degree: _____

College:

Address: _____

From: _____

To: _____

Did you graduate?

YES

NO

Degree: _____

Other:

Address: _____

From: _____

To: _____

Did you graduate?

YES

NO

Degree: _____

EMPLOYMENT

Company:

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities:

From: _____

To: _____

Reason for Leaving: _____

YES

NO

May we contact your previous supervisor for a reference?

Company:

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities:

From: _____

To: _____

Reason for Leaving: _____

YES

NO

May we contact your previous supervisor for a reference?

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities:

From: _____

To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Military Service

Branch: _____

From: _____ To: _____

Rank at Discharge: _____

Type of Discharge: _____

If other than honorable,
explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

Best Phone # to reach you: _____

Location Desired: _____ King City _____ Salinas

Shift Preferred: _____ 7 am – 4 pm _____ 3pm-12 am _____ 11 am – 8 am

www.montereycountywdb.org