**Santa Ynez Community Services District Application**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely based on a person's race, ancestry, color, creed, national origin, religion, age, sex, sexual orientation, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a Vietnam or special disabled veteran, or other protected characteristics except where a reasonable, bona fide occupational qualification exists. We comply with all laws regarding reasonable accommodation for disabled and handicapped employees.

*All questions must be answered carefully and completely. Resume is not necessary for this application*

***PLEASE TYPE OR PRINT.***

**Today’s Date:**

Name Email Address:

Last First Middle

Have you ever worked under another name?  Yes  No

If yes, give name Date of name change

Current Address Phone No. ( )

Number and Street

Message Phone ( )

City State Zip

List all prior addresses for the last 7 years:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: From Date To Number and Street City State Zip

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: From Date To Number and Street City State Zip

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: From Date To Number and Street City State Zip

# Employment Desired

Position Desired Salary Desired

Check type of employment desired:  Full Time  Part Time  Temporary

If not Full Time, days available:  Mon  Tue  Wed  Thur  Fri  Sat  Sun

If not Full Time, hours available

On what date would you be available to start work?

Are you willing and able to work overtime?  Yes  No

**Personal Data**

Have you ever applied to or been employed with us before?  Yes  No If yes, give date

Do you have any friends or relatives working for our Company?  Yes  No

If yes, state name(s) and relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your employer?  Yes  No  
 If hired, would you have reliable transportation to and from work?  Yes  No

Driver's License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issue: \_\_\_\_\_\_\_\_\_\_\_\_

Can you travel if the job requires it?  Yes  No

Can you perform the essential functions of the job you are applying for?  Yes  No

Are you at least 18 years old? Yes  No I*f under 18, hire is subject to verification that you are of minimum legal age.*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

### Employment Experience

*Start with your most recent job. Feel free to attach additional pages if necessary. You MUST complete this section even if attaching a resume. Dates of employment must be stated in months AND years. Account for all periods of unemployment.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1) Employer | Dates Employed | | Work Performed |
|  | From  Month/Year | To  Month/Year |  |
| Address |  |  |  |
| Phone No. |  |  |  |
| Job Title Supervisor |  |  |  |
| Reason For Leaving |  |  |  |
| 2) Employer | Dates Employed | | Work Performed |
|  | From  Month/Year | To  Month/Year |  |
| Address |  |  |  |
| Phone No. |  |  |  |
| Job Title Supervisor |  |  |  |
| Reason For Leaving |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3) Employer | Dates Employed | | Work Performed |
|  | From  Month/Year | To  Month/Year |  |
| Address |  |  |  |
| Phone No. |  |  |  |
| Job Title Supervisor |  |  |  |
| Reason For Leaving |  |  |  |
| 4) Employer | Dates Employed | | Work Performed |
|  | From  Month/Year | To  Month/Year |  |
| Address |  |  |  |
| Phone No. |  |  |  |
| Job Title Supervisor |  |  |  |
| Reason For Leaving |  |  |  |
| 5) Employer | Dates Employed | | Work Performed |
|  | From  Month/Year | To  Month/Year |  |
| Address |  |  |  |
| Phone No. |  |  |  |
| Job Title Supervisor |  |  |  |
| Reason For Leaving |  |  |  |

# Education and Training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of School** | **Name and Location of School**  **(Provide full names of schools - not initials)** | **Dates Attended** | **Name and Date of Degree Earned** | **Major and Minor Fields of Study** |
| High School or Trade School |  | *Do not supply dates for high school* | Diploma?   Yes  No |  |
| Tech. School |  |  |  |  |
| College |  |  |  |  |
| College |  |  |  |  |

#### SPECIAL SKILLS AND QUALIFICATIONS

Office Equipment:

Computer Software:

Other Equipment:

Other:

# Professional References

# *List below three people you have worked with for at least one year (do not list supervisors). Do not list relatives or friends unless you have worked with them.*

**Name** Occupation

Phone No. Email Address:

No. years acquainted Company where you worked together:

**Name** Occupation

Phone No. Email Address:

No. years acquainted Company where you worked together:

**Name** Occupation

Phone No. Email Address:

No. years acquainted Company where you worked together:

# Applicant's Certification and Authorization

*Please read carefully and sign/date below.*

I hereby certify I have not knowingly withheld any information which might adversely affect my chances of employment and the answers given by me are true and correct to the best of my knowledge. I further certify I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, court, administrator, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my employment records, credit history, educational records, health, character, criminal history, motor vehicle history, workers’ compensation claims, or other information requested to the Company or its representative. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this applicant. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I hereby understand and acknowledge any employment relationship with this organization is of an “at will” nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause. It is further understood this “at will” employment relationship may not be changed by written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company. I further understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

**I HAVE READ AND UNDERSTOOD THE ABOVE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Signature Date

Applicant's Name Printed