



Santa Ynez Community Services District
1070 Faraday Street, Santa Ynez CA 93460
PO Box 667
1.805.688.3008



EMPLOYMENT APPLICATION

Application due Tuesday, June 30, 2026 - email to admin@syicsd.com, drop off or mail to address above.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

Applications must be typed or in ink and all sections must be completed. Please give us enough information to allow for comprehensive review and evaluation.

Position(s) Applied For _____

Date of Application _____

Last Name	First	Middle
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Address	Number and Street	City/State/Zip
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Email Address	Home Phone	Business Phone	Cellular Phone
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May we contact you at your business number? _____ Yes _____ No

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The Social Security Number will be used for identification purposes to ensure that proper records are maintained.

Social Security Number _____

Do you have a valid Driver's License? _____ Yes _____ No State _____ Class _____

A copy of your driving record from the Department of Motor Vehicles is required with your completed application.

Can you, upon employment, submit proof of your legal right to work in the U.S.? Yes No

Are you 18 years of age or over? Yes No

Are you related by blood, marriage, or adoption to anyone that works for SYCSD? Yes No

If yes, please list name and relationship _____

Have you ever filed an application with us before? Yes No

Have you ever worked for us before? Including community service Yes No

If yes, give position and date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall?

Yes No

As an adult, have you been convicted of an offense other than a minor traffic violation?
 Convictions are evaluated for each position and are not necessarily disqualifying

Yes No

If yes, please explain: _____

Indicate the type of appointment you would accept:

_____ Full time, regular position (40 hours per week) _____ Temporary position
 _____ Part time, regular position (less than 40 hours per week) _____ Shift/Weekend work

Education

	High School				Undergraduate, Business or Trade School*				Graduate School*			
	9	10	11	12	1	2	3	4	1	2	3	4
Name Address Phone												
Years Completed												
Major												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you received												
State any additional information you feel may be helpful to us in considering your application												
Graduation certificate received (Diploma, GED, A.A., B.S., etc.)												

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Certification

If this job requires a specific license or certification, please complete.

Certificate of Training/Professional Registration	License No./Registration No.	Date Issued	Date Expires

Employment Experience

Please give us enough information to allow for review and evaluation of your work experience and abilities. List positions you have held starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper. This section must be fully completed. **A resume may be attached but will not be accepted in place of this section.**

Dates of Employment to Mo. Yr. Mo. Yr.	Current Employer (Business or Agency Name)		Address	City/State/Zip
Hours per week	Title of your position	No. employees supervised by you.	Supervisor's name and phone number	
\$ _____ per _____				
Reason for leaving	Type of work performed (Be Specific)			
Dates of Employment to Mo. Yr. Mo. Yr.	Employer (Business or Agency Name)		Address	City/State/Zip
Hours per week	Title of your position	No. employees supervised by you.	Supervisor's name and phone number	
\$ _____ per _____				
Reason for leaving	Type of work performed (Be Specific)			
Dates of Employment to Mo. Yr. Mo. Yr.	Employer (Business or Agency Name)		Address	City/State/Zip
Hours per week	Title of your position	No. employees supervised by you.	Supervisor's name and phone number	
\$ _____ per _____				
Reason for leaving	Type of work performed (Be Specific)			
May we contact all employers listed above? _____ Yes _____ No If NO, indicate exceptions:				
Do you have the physical and mental ability to perform the tasks described in the job description for this position (with or without accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If accommodation is necessary, please describe _____				

Memberships

List professional, trade, business or civic activities and offices held. Please exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Military Service

Have you ever had any training in the United States military which is related to the job for which you are applying?

Yes

No

If yes, please describe: _____

References

Please list names and addresses of three people, not relatives, that we may contact who have knowledge of your job skills, experience, and ability. You may use past employers but do not duplicate names of supervisors listed elsewhere.

Name	Address	Daytime Phone Number	Business or Occupation

Additional Comments

Declaration

Santa Ynez Community Services District is hereby authorized to make any job related inquiry of my personal, educational, training, or experience background as detailed in the application and to contact all prior employers and references, with the exception of those listed on page 3. Further, I hereby authorize all prior employers and references to respond to the District's job related inquiries. I understand any employment offer may be contingent upon my ability to successfully pass a job related employment physical examination by a District authorized physician.

Applicant Certification: PLEASE READ BEFORE SIGNING. I DECLARE under penalty of perjury under the laws of the State of California that the statements made by me in this application are true, complete, and correct. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material may be grounds to deny District employment or for disciplinary action including dismissal after employment.

Signature of Applicant

Date

For District Use

Position applied for is open?

Yes No

Interview arranged?

Yes No

Date of Interview

_____ Interviewer Name and Title

Hired?

Yes No

Date of Employment

_____ Job Title

_____ Department
