

**APPLICATION FOR EMPLOYMENT
SANTA YNEZ COMMUNITY SERVICES DISTRICT**

Santa Ynez Community Services District (the "District") is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, gender, gender expression, gender identity, sexual orientation, age, religion, national origin, ancestry, mental disability, physical disability, medical condition, genetic information, marital status, military and veteran status, or any other basis protected by law.

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Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with us? Yes No If yes: Month and Year _____ Location _____			
Position desired			
Are you available for full-time work? Yes No If not, what hours can you work? _____		Will you work overtime if asked? Yes No	
If offered employment, can you provide proof of eligibility to work in the United States?		When will you be available to begin work?	
Other special training or skills (languages, machine operation, etc.)			
Have you ever been terminated or asked to resign from employment: Yes No If yes, please explain:			
Please provide the name and telephone number of an emergency contact:			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				Yes No	
	College				Yes No	
	Business/Trade/ Technical				Yes No	
	High School				Yes No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion, national origin or any other characteristic protected by law.)

EMPLOYMENT

Please give an accurate and complete full-time and part-time employment record for the last ten (10) years. Start with your present or most recent employer. Include all gaps in employment.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____ _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____ _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____ _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____ _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? Yes No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. <hr/> <hr/>		

	What was your previous address?	How long at present address? _____ years
		How long at previous address? _____ years
	Have you ever been bonded? Yes No If "Yes," with what employers?	If you are under 18 years of age, can you provide proof of eligibility to work? Yes No Not Applicable
	State names of relatives and friends working for us.	
	Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)? Yes No	

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my termination.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the District to continue to employ me in the future. I understand that employment with the District is at-will, meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties and location of work. I understand that no representative of the District has the authority to make assurances to the contrary.</p> <p>_____</p> <p style="text-align: center;">Date</p> <p>_____</p> <p style="text-align: center;">Signature</p>
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