



OCEANO COMMUNITY SERVICES DISTRICT
 1655 FRONT STREET/P.O. BOX 599, OCEANO, CA 93475
 (805) 481-6730; FAX (805) 481-6836

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____

GENERAL INFORMATION (PLEASE TYPE OR PRINT)	
NAME: LAST, FIRST	
ADDRESS: NUMBER STREET	
CITY, STATE, ZIP CODE	HOME TELEPHONE ()
IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS _____ AM/ PM	
ARE YOU PRESENTLY EMPLOYED? ____ YES ____ NO	
MAY WE CONTACT YOU AT WORK? ____ YES ____ NO; IF SO, BEST TIME TO CALL IS _____ AM/PM	
DATE AVAILABLE FOR WORK _____	
WHERE DID YOU LEARN OF THIS OPENING? _____	
SALARY REQUIRED: _____	
ARE YOU WILLING TO WORK (MARK THE APPROPRIATE CHOICES) ____ FULL TIME ____ PART-TIME ____ TEMPORARY ____ NIGHTS ____ HOLIDAYS ____ WEEKENDS ____ OVERTIME/STANDY	
VETERAN'S CREDIT: TO ESTABLISH ELIGIBILITY, DISCHARGE PAPERS MUST BE FILED AT THE VETERAN'S MEMORIAL BUILDING, 801 GRAND AVENUE, SAN LUIS OBISPO, 781-5766, BEFORE <u>THIS</u> APPLICATION IS SUBMITTED. MILITARY VETERANS WHO SERVED DURING WARTIME, AND UN-REMARRIED WIDOWS WHOSE MILITARY SPOUSES WERE KILLED ON ACTIVE DUTY OR WHO DIED OF SERVICE-CONNECTED CAUSES MAY BE ENTITLED TO POINTS. WILL YOU APPLY FOR A VETERAN'S CREDIT? ____ YES ____ NO	
LIST DRIVER'S LICENSE NUMBER IF REQUIRED FOR JOB: _____	
DATE OF EXPIRATION _____ CLASS NUMER _____ STATE _____	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATIONS? ____ YES ____ NO IF NECESSARY, PLEASE DESCRIBE THE TYPE(S) OF REASONABLE ACCOMODATIONS REQUIRED: _____	
DO YOU HAVE THE LEGAL RIGHT TO WORK AND BE EMPLOYED IN THE U.S.? ____ YES ____ NO	
IF YOU ARE UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT IF OFFERED THE JOB? ____ YES ____ NO	
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS? ____ YES ____ NO IF YES, PLEASE EXPLAIN _____	
WHAT ARE YOUR HOBBIES, SPECIAL INTERESTS, AND ACTIVITIES? (PLEASE OMIT THOSE INDICATING RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, OR THE EXISTENCE OF A DISABILITY. _____ _____	

IF THIS POSITION REQUIRES A SPECIFIC LICENSE OR CERTIFICATE, PLEASE INDICATE.

CERTIFICATE OF TRAINING OR PROFESSIONAL REGISTRATION	LICENSE OR REGISTRATION NUMBER	DATE ISSUED/EXPIRES

COMPUTER SKILLS AND TYPING SPEED

EDUCATION AND TRAINING

NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED DID YOU GRADUATE OR RECEIVE GED? ____ YES ____ NO	MAJOR COURSE OF STUDY

NAME AND LOCATION OF TRADE OR VOCATIONAL SCHOOL, COLLEGE OR UNIVERSITY

LIST DEGREES OR SEMESTER/QTR CERTIFICATES EARNED	# OF UNITS	MAJOR

PERSONAL REFERENCES

NAME AND TELEPHONE NUMBER	YEARS KNOWN

EXPERIENCE

PLEASE LIST ALL OF YOUR JOBS IN THE LAST 10 YEARS. EXPLAIN ANY GAPS IN EMPLOYMENT IN COMMENT SECTION BELOW. (IF APPLICABLE, YOU MAY LIST WORK PERFORMED ON A VOLUNTARY BASIS. IF ADDITIONAL PAGES ARE NEEDED, PLEASE ATTACH)

FROM _____ TO _____ MO YR MO YR	TITLE OF YOUR POSITION:	NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES SUPERVISED: _____
DUTIES OF YOR POSITION:		COMPANY OR EMPLOYER'S NAME AND ADDRESS:
NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING OR APPLYING FOR OTHER EMPLOYMENT:		SALARY\$ ____ PER ____ HR ____ WK MO
FROM _____ TO _____	TITLE OF YOUR POSITION:	NUMBER OF HOURS WORKED PER WEEK: _____

MO _____ YR _____ MO _____ YR _____	NUMBER OF EMPLOYEES SUPERVISED: _____
DUTIES OF YOUR POSITION:	COMPANY OR EMPLOYER'S NAME AND ADDRESS:
NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING OR APPLYING FOR OTHER EMPLOYMENT:	SALARY\$ _____ PER _____ HR _____ WK _____ MO
FROM _____ TO _____ TITLE OF YOUR POSITION: MO _____ YR _____ MO _____ YR _____	NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES SUPERVISED: _____
DUTIES OF YOUR POSITION:	COMPANY OR EMPLOYER'S NAME AND ADDRESS:
NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING OR APPLYING FOR OTHER EMPLOYMENT:	SALARY\$ _____ PER _____ HR _____ WK _____ MO
FROM _____ TO _____ TITLE OF YOUR POSITION: MO _____ YR _____ MO _____ YR _____	NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES SUPERVISED: _____
DUTIES OF YOUR POSITION:	COMPANY OR EMPLOYER'S NAME AND ADDRESS:
NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING OR APPLYING FOR OTHER EMPLOYMENT:	SALARY\$ _____ PER _____ HR _____ WK _____ MO
FROM _____ TO _____ TITLE OF YOUR POSITION: MO _____ YR _____ MO _____ YR _____	NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES SUPERVISED: _____
DUTIES OF YOUR POSITION:	COMPANY OR EMPLOYER'S NAME AND ADDRESS:
NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING OR APPLYING FOR OTHER EMPLOYMENT:	SALARY\$ _____ PER _____ HR _____ WK _____ MO

<p>ADDITIONAL INFORMATION: PROVIDE ANY ADDITIONAL INFORMATION PERTINENT TO THIS POSITION. INCLUDE PROFESSIONAL AFFILIATIONS, VOLUNTEER ACTIVITIES, CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE OR LICENSES, OR THE ABILITY TO USE SPECIALIZED TOOLS OR EQUIPMENT OR OFFICE MACHINES RELATED TO THIS JOB.</p>

CONDITIONS OF EMPLOYMENT

BEFORE DATE OF HIRE, APPLICANT MAY BE REQUIRED TO: PASS A PHYSICAL EXAM, SUBMIT PROOF OF U.S. CITIZENSHIP OR LEGAL RIGHT TO REMAIN AND WORK IN U.S., SUBMIT PROOF OF AGE, BE FINGERPRINTED.

PLEASE INSERT ANY ADDITIONAL INFORMATION IN YOUR APPLICATION WHICH YOU FEEL WILL HELP US IN OUR EVALUATION OF YOUR QUALIFICATIONS BEFORE YOU RETURN YOUR APPLICATION TO THE DISTRICT OFFICE. RECHECK YOUR APPLICATION TO MAKE SURE THAT IT IS CORRECT AND COMPLETE. THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH OCEANO COMMUNITY SERVICES DISTRICT.

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED.

OCEANO COMMUNITY SERVICES DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN EMPLOYMENT. NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

I UNDERSTAND IT IS THE DISTRICT'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL BECAUSE OF THIS PERSON'S NEED FOR AN ACCOMMODATION THAT WOULD BE REQUIRED BY THE AMERICANS WITH DISABILITIES ACT.