

Montecito Sanitary District

An Equal Opportunity Employer

Employment Application

Please Print

Date _____

Name _____
Last First Middle

Email Address _____

Cell Phone Number (____) _____ Home Phone Number (____) _____

Present Address _____
No. Street City State Zip

Permanent Address if different from present address

_____ No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for

Regular full-time work? Yes _____ No _____

Regular Part-Time work? Yes _____ No _____

Temporary work, e.g., summer or holiday work Yes _____ No _____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____ To _____

Are you available for work on weekends? Yes _____ No _____

Would you be available to work overtime, if necessary? Yes _____ No _____

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to, or worked for, the Montecito Sanitary District before? Yes _____ No _____

If yes, when? _____

Do you have any friends or relatives working for the Montecito Sanitary District? Yes _____ No _____

If yes, state name(s) and relationship _____

If hired, would you have a reliable means of transportation to and from work.....Yes _____ No _____

Are you at least 18 years old?Yes _____ No _____
 (If 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 _____

Are you able to perform the essential functions of the job for which you are applying with or without accommodation?
Yes _____ No _____

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility test.)

Are you currently employed?Yes _____ No _____

If so, may we contact your current employer?Yes _____ No _____

Education, Training and Experience

School	Name and Address	No. of yrs. Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				
Health Care				

Some of our customers do not speak English. Do you speak, write or understand any foreign languages?Yes _____ No _____

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills that you feel would make you especially suited for work at Montecito Sanitary District? If so, please explain _____

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for?Yes _____ No _____

Name of license/certification _____

Issuing state _____

License/certification number _____

Has your license /certification ever been revoked or suspended?Yes _____ No _____

If yes, state reason(s), date of revocation or suspension and date of reinstatement _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Note: Attach additional pages(s) if necessary

Military Services

Have you obtained any special skills or abilities as the result of service in the military?..... Yes _____ No _____

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. () _____ Number of years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document 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 the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date _____

Applicant's Signature _____

District's Mailing Address:

Montecito Sanitary District
1042 Monte Cristo Lane
Santa Barbara, CA 93108