

# Montecito Sanitary District

An Equal Opportunity Employer

## Employment Application

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