

INSTRUCTIONS: (Please read carefully)

1. READ THE JOB BULLETIN TO DETERMINE IF YOU MEET THE QUALIFICATIONS FOR THE POSITION.
2. AN ORIGINAL APPLICATION MUST BE TIMELY FILED FOR EACH POSITION.
3. PLEASE PRINT OR TYPE IN BLACK INK ONLY.
4. APPLICATION MUST SPECIFICALLY INDICATE ALL REQUIREMENTS FOR POSITION, INCLUDING EXPERIENCE AND/OR REQUIRED COURSES OF STUDY.
5. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED.
6. RESUMES ARE VIEWED AS ADDITIONAL INFORMATION AND NOT IN LIEU OF A COMPLETED APPLICATION.

APPLICATION FOR EMPLOYMENT

FOR HUMAN RESOURCES ONLY



Human Resources
260 N San Antonio Rd, Ste A
Santa Barbara, CA 93110

805.961.8800
 An Equal Opportunity Employer, Drug Free Workplace

POSITION FOR WHICH YOU ARE APPLYING: (Print exact title from job bulletin)

REVIEWED BY _____
 A NQ I

LEGAL NAME (Please Print) _____ If you have worked under another name, what name? _____
 Last First Middle

ADDRESS _____ HOME PHONE (_____) _____
 No. Street Apt. City State Zip Code Area Code

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ BUS. PHONE (_____) _____
 Area Code

ARE YOU RELATED TO ANY SBCAPCD EMPLOYEE? YES NO
 NAME OF RELATIVE: _____
 RELATIONSHIP _____ DEPT. _____

COMPLETE ONLY IF JOB RELATED
 CALIF. DRIVER LIC. NO. _____ YR. EXPIRES _____
 CLASS _____ RESTRICTIONS: _____

EDUCATION

HIGH SCHOOL AND ADDRESS: _____ DID YOU GRADUATE FROM HIGH SCHOOL? YES NO
 IF NOT, DO YOU HAVE A G.E.D. OR PROFICIENCY CERTIFICATE? YES NO

	Number credits earned	Sem. or Qtr. System	Major	Degree Received
COLLEGE AND ADDRESS:				
COLLEGE AND ADDRESS:				
COLLEGE AND ADDRESS:				
COLLEGE AND ADDRESS:				

LIST ANY PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL: TYPE/ISSUE DATE/ EXPIRATION DATE

INDICATE SPECIAL SKILLS THAT YOU HAVE ACQUIRED AND THE DEGREE TO WHICH YOU ARE QUALIFIED:

OFFICE/CLERICAL: <input type="checkbox"/> SHORTHAND <input type="checkbox"/> TYPING <input type="checkbox"/> OFFICE EQUIPMENT _____ <input type="checkbox"/> COMPUTER SOFTWARE _____	FLUENCY IN FOREIGN LANGUAGES READ _____ SPEAK _____ WRITE _____	EQUIPMENT, TOOLS, AND SKILLS: _____ _____ _____
---	--	--

HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A POSITION? YES NO
 IF HIRED, CAN YOU PROVIDE PROOF OF THE RIGHT TO WORK IN THE U.S.? YES NO
 WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED BY A GENERAL COURT MARTIAL? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION OR MARIJUANA CONVICTIONS MORE THAN 2 YEARS OLD (A CRIMINAL HISTORY CHECK MAY BE CONDUCTED ON ALL POTENTIAL EMPLOYEES. CONVICTIONS ARE NOT AN AUTOMATIC DISQUALIFICATION TO EMPLOYMENT). A PLEA OF GUILTY GUILTY OR *NOLO CONTENDRE* IS CONSIDERED A CONVICTION FOR THESE PURPOSES. YES NO

Explain all "yes" responses from above

EXPERIENCE: MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO IF "NO" EXPLAIN _____

Please give enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held starting with your most recent job. Include relevant volunteer experience. 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 Mo./Yr. To Mo./Yr.	Employer (Business or Agency Name)	Address	City	State
Total Yrs./Mos. Hrs./Wk.	Title of Your Position	No. Employees Supervised By You	Supervisor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment Mo./Yr. To Mo./Yr.	Employer (Business or Agency Name)	Address	City	State
Total Yrs./Mos. Hrs./Wk.	Title of Your Position	No. Employees Supervised By You	Supervisor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment Mo./Yr. To Mo./Yr.	Employer (Business or Agency Name)	Address	City	State
Total Yrs./Mos. Hrs./Wk.	Title of Your Position	No. Employees Supervised By You	Supervisor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment Mo./Yr. To Mo./Yr.	Employer (Business or Agency Name)	Address	City	State
Total Yrs./Mos. Hrs./Wk.	Title of Your Position	No. Employees Supervised By You	Supervisor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				
Dates of Employment Mo./Yr. To Mo./Yr.	Employer (Business or Agency Name)	Address	City	State
Total Yrs./Mos. Hrs./Wk.	Title of Your Position	No. Employees Supervised By You	Supervisor's Name and Phone No.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				

I authorize investigation of all statements contained in this application form if I am considered for employment, and hereby authorize previous employers, personal references named, or any other person, or persons, to whom the SBCAPCD may refer to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may be on their records. I understand that employment is conditioned upon successfully passing a post-offer medical examination and a satisfactory records check, and that misrepresentation or omission of the facts called for hereon, or late receipt of unsatisfactory references will be cause for dismissal from the APCD's service if I shall have been employed. I further understand that if I shall be employed, my employment will be on a probationary basis and either of us may terminate our work relationship during this probationary period for any reason and I understand that my employment may be terminated at any time under the APCD's Civil Service Rules, Personnel Policies, Practices and Procedures.

DATE _____ APPLICANT'S SIGNATURE _____



*An Equal Opportunity-Affirmative Action Employer
Drug-Free Workplace*
260 North San Antonio Road, Suite A, Santa Barbara, CA 93110 805 961-8800

This information is solicited on a voluntary basis. Applicants are requested to complete this section in order to comply with the United States Government Equal Opportunity and California Fair Employment and Housing requirements. Information that you provide will be kept confidential, and will be used only in accordance with State and Federal regulations.

The Santa Barbara County Air Pollution Control District does not discriminate on the basis of race, color, creed, ancestry, national origin, gender, sexual orientation, religion, age veteran status or disability in the provision of services or employment.

This portion of the application materials will be detached and the information you provide will not be used to make any employment decision that affects you.

Position Applied For: _____ Date: _____

GENDER:

- Female
- Male

AGE GROUP:

- Under 40
- Over 40

RACE/ETHNIC CATEGORY (check one):

- White (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.
- Black (not of Hispanic Origin): All persons having origins in any of the black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

PLEASE TELL US HOW YOU LEARNED OF THIS VACANCY:

- Santa Barbara County APCD Human Resources Office
- Santa Barbara County APCD Web Site
- From a friend or relative
- From a Santa Barbara County APCD employee
- From a trade/professional journal
- Newspaper
- Other _____
specify