



CAMBRIA COMMUNITY SERVICES DISTRICT
 P.O. Box 65 Cambria, California 93428 (805) 927-6223

INSTRUCTIONS: This application is part of the examination process. Failure to meet all the requirements enumerated in the announcement by the filing date is cause for rejection. It is the applicant's responsibility to insure that the application is on file at the DISTRICT OFFICE no later than 4:00 p.m. on the final filing date. Late applications will be rejected. Postmarks, emails, and faxes are not accepted.

Please PRINT legibly in INK or type the information requested on this application.

1. **POSITION APPLYING FOR** (Exact Title)

2. **NAME** (Last) (First) (Middle Initial)

3. **MAILING ADDRESS**

4. **PHONE #** (Home) (Work / Mobile)

5. **EMAIL ADDRESS**

6. **SOCIAL SECURITY #** Use of your Social Security Number (SSN) is voluntary. SSNs are used for identification purposes only. If you do not wish to use your SSN, we will assign you an identification number for application purposes.

7. Are you 18 years of age or older? YES NO

8. Can you submit proof of age after employment? YES NO

9. **EDUCATION** Applicants may be required to furnish proof of academic training by transcripts or diploma.

LAST HIGH SCHOOL ATTENDED: _____

Did you graduate? YES NO

If not, do you have a GED Certificate? YES NO

RESUMES MAY BE ADDED BUT CANNOT BE SUBSTITUTED FOR THIS SECTION.

COLLEGE OR UNIVERSITY	MAJOR/MINOR	UNITS	QTR OR SEM	DEGREE	DATE

10. List any school courses, special skills, training, or equipment that you can operate that relates to the requirements of this position.

11. Applicants for jobs requiring typing, please certify skill level:

Typing Speed _____ W.P.M. (Subject to verification)

12. Do you speak, read, and write any language other than English? If so, please specify:

13. List driver's license number if required for job: (include #, expiration date, class, and restrictions)

14. If applicable, list any trade license or certificates:

Type _____

Number _____

Expiration Date _____

15. **CONDITIONS OF EMPLOYMENT** - Would you accept:

- | | | |
|--|------------------------------|-----------------------------|
| Temporary Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Shift Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Weekend Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Part-time Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Full-time Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Night Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Work with another local government agency? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

16. Please provide three references. Include their name, address, and phone number.

A. _____

B. _____

C. _____

17. Are you related to any District employee? YES NO

Name of Relative: _____

Relationship: _____

Department: _____

18. Are you currently employed by the District? YES NO

Job Title: _____

19. WORK EXPERIENCE - Begin with your most recent job and list each job separately. List all jobs, regardless of duration, including part-time jobs, military service, and any periods of unemployment during the last ten years. Also, list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. City employees must use the correct civil service class title. If you have no work experience, indicate NONE. Please note: Incomplete information will delay the processing of your application. Use additional sheets if necessary.

RESUMES MAY BE ADDED BUT CANNOT BE SUBSTITUTED FOR THIS SECTION.

EXACT JOB TITLE	DATES (From/To)
HOURS WORKED PER WEEK	
EMPLOYER NAME, ADDRESS, AND PHONE:	
DUTIES:	
REASON FOR LEAVING:	
EXACT JOB TITLE	DATES (From/To)
HOURS WORKED PER WEEK	
EMPLOYER NAME, ADDRESS, AND PHONE:	
DUTIES:	
REASON FOR LEAVING:	

EXACT JOB TITLE	DATES (From/To)
HOURS WORKED PER WEEK	
EMPLOYER NAME, ADDRESS, AND PHONE:	
DUTIES:	
REASON FOR LEAVING:	

EXACT JOB TITLE	DATES (From/To)
HOURS WORKED PER WEEK	
EMPLOYER NAME, ADDRESS, AND PHONE:	
DUTIES:	
REASON FOR LEAVING:	
EXACT JOB TITLE	DATES (From/To)
HOURS WORKED PER WEEK	
EMPLOYER NAME, ADDRESS, AND PHONE:	
DUTIES:	
REASON FOR LEAVING:	

20. Were you ever discharged or asked to resign from a position? YES NO
 Would you object to contacting of a previous/current employer? YES NO
 If "YES" to either of the above, please explain:

21. Can you, after employment, submit verification of your legal right to work in the United States? YES NO

22. CERTIFICATE OF APPLICANT: I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law. I agree to take the LOYALTY OATH or AFFIRMATION by law. I understand that I will be required to submit verification of my legal right to work in the United States within three (3) business days beginning with my first day of work. I understand that, in accordance with the Immigration Reform and Control Act of 1986, the District is legally prohibited from employing anyone who cannot provide such verification.

Signature: _____ Date: _____
 (Original signature in ink; penciled or photocopied signatures will not be accepted.)