



EMPLOYMENT APPLICATION

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

NAME _____

POSITION APPLIED FOR _____

DATE _____

Please answer all questions correctly and accurately. If your application is completed properly, it may increase your chances of employment. All statements in your application are subject to verification. An incorrect statement may bar or remove you from employment. Please type or print. Applications may be mailed to the GOLETA SANITARY DISTRICT, ONE WILLIAM MOFFETT PLACE, GOLETA, CA 93117

PERSONAL

EMERGENCY CONTACT:

NAME _____
 STREET _____
 CITY _____ STATE _____
 PHONE # _____ ZIP _____

Last Name _____ First _____ Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____ Social Security Number _____

Are you under 18 years of age? YES NO

If selected for a position, can you provide proof of your legal eligibility to work in the United States? YES NO

Years at present address _____

Years in state _____

Years in county _____

Salary expected \$ _____ per _____.

Have you ever been convicted, imprisoned, placed on probation, or fined? If yes, give date, place of offense, and disposition of each occurrence (Note A conviction record is not an automatic bar to employment) YES NO

Have you ever been in the armed forces? YES NO
 Branch _____ Active Duty Dates _____ Speciality _____ Type of Discharge _____

Do you have any physical limitation or health problem which would limit your assignments? YES NO
 If yes, please explain. _____ Would you agree to take a physical exam? YES NO

Lost days of work in the last two years due to illness? _____

Have you ever been discharged or forced to resign from a position? YES NO
 If yes, please explain. _____

If employed here do you expect to work elsewhere? YES NO

Will you accept temporary work? YES NO Can you work any shift or day of the week? YES NO

Valid Drivers License # _____ CLASS: 1 2 3 4 STATE: _____

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Name and Location of School _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you earn GED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Name and Location of Colleges, Universities, Trade or Vocational Schools, or Training Programs Attended.	Major	Did you Graduate		Units Completed		Degree or Certificate
		YES	NO	Semester	Quarter	

List of courses you are currently taking _____
 Do you like to work with figures? _____ Shorthand Speed _____ Typing Speed _____ Foreign Languages _____
 Do you plan to take additional courses? _____ When? _____ Where? _____
 Do you possess a professional or trade license or certificate? _____
 Type _____ Issued By _____ Date expired _____
 What business or vocational machines or equipment can you operate? _____

EXPERIENCE

List all positions you have held during the past 10 years starting with your present or most recent position. Include relevant volunteer experience. Account for all periods of unemployment. Resumes may be added but cannot be substituted for this section.

May we contact your present employer? YES NO

Dates of Employment and Salary Received	Job Title(s) and Duties Performed	Employer's Name and Address
From _____ To _____ <small>MO. YR. MO. YR.</small> Salary: _____ PER <input type="checkbox"/> Hour <input type="checkbox"/> Month Reason for Leaving: _____	Job Title: _____ Hours per Week: _____ Number Supervised: _____ Job Duties: _____ _____ _____	_____ _____ _____ Supervisor's Name: _____
From _____ To _____ <small>MO. YR. MO. YR.</small> Salary: _____ PER <input type="checkbox"/> Hour <input type="checkbox"/> Month Reason for Leaving: _____	Job Title: _____ Hours per Week: _____ Number Supervised: _____ Job Duties: _____ _____ _____	_____ _____ _____ Supervisor's Name: _____
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From _____ To _____ <small>MO. YR. MO. YR.</small> Salary: _____ PER <input type="checkbox"/> Hour <input type="checkbox"/> Month Reason for Leaving: _____	Job Title: _____ Hours per Week: _____ Number Supervised: _____ Job Duties: _____ _____ _____	_____ _____ _____ Supervisor's Name: _____
From _____ To _____ <small>MO. YR. MO. YR.</small> Salary: _____ PER <input type="checkbox"/> Hour <input type="checkbox"/> Month Reason for Leaving: _____	Job Title: _____ Hours per Week: _____ Number Supervised: _____ Job Duties: _____ _____ _____	_____ _____ _____ Supervisor's Name: _____

ADDITIONAL INFORMATION

Give any additional information covering your qualifications for this position.

REFERENCES

Please provide names and addresses of two people, not relatives, who have knowledge of your skills, experience and ability.

NAME	ADDRESS	CITY/STATE	ZIP
PHONE	ORGANIZATION	TITLE	
NAME	ADDRESS	CITY/STATE	ZIP
PHONE	ORGANIZATION	TITLE	

AGREEMENT

I authorize investigation of all statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other persons to whom the company may refer, to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records.

I understand that misrepresentation or omission of the facts called for herein, receipt of unsatisfactory references, or failure to pass a prescribed physical examination will be sufficient cause for dismissal from the company's service if I shall have been employed.

I further understand if I shall be employed, my employment will be on a probationary basis. Either of us may terminate our work relationship during this probationary period if it is felt I will not meet job demands for any reason.

I also understand that any job I am offered will not be for any set period of time, my employment may be terminated at any time of my own free will or the will of my employer. I further understand that this policy cannot be changed except in writing and then only when signed by an authorized representative of the employer.

I certify that all statements made in this application are true and complete, and that any misstatement of material fact will subject me to disqualification or dismissal.

Signature of applicant

Date

RELEASE AUTHORIZATION

In connection with my application for employment or continued employment (including contract for services), I understand and acknowledge that as directed by company policy, a consumer report (including a credit report) may be compiled on me. This report may include information as to my character, personal characteristics, mode of living, general reputation, criminal history, credit and indebtedness, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record.

This report may contain information from various public and private sources including corporations, law enforcement agencies at the federal, state or county level, credit bureaus, courts record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer-reporting agency. If employment is denied, I will be notified and provided with the name and address of the consumer-reporting agency.

By signing below, I hereby authorize, empower and release from all liability, without reservation, any party or agency contacted by, Goleta Sanitary District, DATCO Services Corporation, or DATCO's Premier Employment Screening Services to furnish the above mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract). I agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

PLEASE PRINT:

Last Name

First Name

Middle Initial

Other Name(s) Used *(attach additional sheet if necessary)*

Date You Stopped Using Other Name(s)

Date of Birth

Social Security Number

(The age discrimination act in the employment act of 1967 prohibits discrimination in employment based on age.)

Driver License Number

State of Issue

Expiration Date

Applicant's Signature

Today's Date

Note to California, Minnesota, and Oklahoma residents: Please check the box below if you wish to receive a copy of the reports ordered.

- Yes, I am a resident of California, Minnesota or Oklahoma and I wish to receive a copy of my consumer report.**
If checked and you are a California resident, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

Questions as to the validity of this authorization may be directed to DATCO, 1.800.95DATCO

RELEASE AUTHORIZATION

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and be given the name of the agency or the source of information.

EMPLOYEE INFORMATION

_____	_____	_____	
Last Name	First Name	Print other names used (Maiden Name)	
_____	_____	_____	_____
Current Address	City	State	Zip
_____	_____	_____	_____
Previous Address	City	State	Zip
_____	_____	_____	_____
Social Security Number	Date of Birth	Driver's license #	State Issued DL

SEX: F M

EMPLOYER COMPLETE THE FOLLOWING

_____	Goleta Sanitary District	_____	
Account Number	Company Name	Your Name	
One William Moffett Place	Goleta CA 93117	_____	_____
Address	City	State	Zip
(805) 967-4519	(805) 964-3583	_____	
Phone Number	Fax Number	Client ID	