



**Housing Authority of the
County of Santa Barbara**

APPLICATION FOR EMPLOYMENT

PERSONNEL USE ONLY

DATE RECEIVED: _____
 ACCEPTED ___ NOT ACCEPTED ___
 BY: _____
 APPLICATION RATING: _____
 INTERVIEW: YES ___ NO ___

LAST NAME

FIRST NAME

POSITION

DATE

- PLEASE NOTE:
1. A separate application is required for each examination. **Complete all items on the application**
 2. Use typewriter or print in ink.
 3. Incomplete or illegible applications will not be considered.
 4. Keep the Human Resources Office informed of any change of address or phone.

1 POSITION APPLYING FOR: _____
 Home Phone: _____
 2 NAME: _____
 Last First Middle Initial Work Phone: _____
 3 ADDRESS: _____
 Street City State Zip Code

4 SOCIAL SECURITY NUMBER: _____ Disclosure is voluntary
 5 Do you speak another language fluently? Yes No (May be required for some positions-if noted on job announcement)
 If so, specify: _____
 6 List any employees to whom you are related (Name and Relationship) _____
 It is the policy of the Housing Authority of the County of Santa Barbara not to discriminate in its employment and personnel actions on the basis of marital or familial status. Notwithstanding this policy, the Agency retains the right to refuse to appoint persons to positions wherein the relationship to another employee has the potential for creating adverse impact, or involves a potential conflict of interest.
 7 Do you have permission to remain permanently and work in the United States? Yes No
 8 Have you ever been convicted by any court of an offense? If yes, please note in Section 11 the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit any offense for which the fine was less than \$50. Yes No
 (A criminal record is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness).

9 Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes explain in Section 11	11 Explain items 8,9 & 10 here _____ _____ _____ _____
10 Valid Driver's License No. _____ (if required on job State: _____ Class: _____ announcement) Expiration Date: _____ Good Driving Record? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain in Section 11.	

12 Reasonable testing arrangements will be made to accommodate individuals with disabilities. If you are selected for interview please call (805)736-3423 and ask for the Human Resources Dept. and describe the special testing arrangements you require.

EDUCATION AND TRAINING: Do you have a High School Diploma or a G.E.D. certificate? Yes No
 If no, circle highest grade completed: 4 5 6 7 8 9 10 11 12

Names of colleges/univ attended & location	Dates Attended	Major Course of Study	Semester/Qtr.Units	Degree Attained
List the courses or training which satisfy the specific requirements of the position for which you are applying	Institution Where Acquired	Length of Course	Date Completed	
Professional License or Certificate, if required	Issuing Agency	Identification No.	Date Issued	Expiration Date

SKILLS: Type: Yes No wpm: _____
 Shorthand: Yes No wpm: _____
 Word Processing: Yes No program used: _____
 Computer literate? Yes No system used: _____
 List other software you are proficient with: _____

SPECIAL TRAINING OR SKILLS:

Schedule you are willing to work: Full-Time or Part Time ; Part-Time only ; Full-Time Only
 Temporary or Intermittent ; Regular Long-Term Only

Please give any additional information about yourself which, in your opinion, would help to qualify you for the type of work for which the application is made. At the desire of the applicant, personal data may be included here or on a separate sheet:

Employment Record

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Please complete in detail starting with present employer. Account for **all** time, including periods of unemployment or self-employment. Feel free to attach resume, but not in lieu of providing following information.

1 Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (Day,Mo,Yr)	Date Left (Day,Mo,Yr)	Starting Salary	Final Salary
Reason for Leaving			

2 Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (Day,Mo,Yr)	Date Left (Day,Mo,Yr)	Starting Salary	Final Salary
Reason for Leaving			

3 Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (Day,Mo,Yr)	Date Left (Day,Mo,Yr)	Starting Salary	Final Salary
Reason for Leaving			

4 Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (Day,Mo,Yr)	Date Left (Day,Mo,Yr)	Starting Salary	Final Salary
Reason for Leaving			

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

Whom do you know in this agency?

The Housing Authority of the County of Santa Barbara is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity laws, and will make reasonable accommodations for handicapped individuals.

In completing this application I understand that:

- Any material misrepresentations or deliberate omission of a fact in my application may be justification for refusal of, or termination from employment.
- It is my understanding that the Housing Authority will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Housing Authority, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or may subject me to immediate dismissal if hired.
- Any offer of employment and continued employment will be conditioned upon acknowledgment in writing of my responsibility to familiarize myself with and adhere to the policies of the Housing Authority governing my employment.
- If hired I agree that my employment may be terminated by the Housing Authority at any time without liability for wages or salary except such as may have been earned.
- I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job duties now or in the future during my employment with the Housing Authority, if hired.
- Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, emergency on-call duty, or work schedule other than Monday through Friday. If hired, I understand and accept these as conditions of employment.
- Certain positions require the completion of a physical examination. I understand that any offer of employment in such position and/or continued employment is contingent upon successful completion of such physical examination.
- Certain positions require a valid driver's license and insurability. Proof of such license and continual insurability is a requirement of such positions.

I agree, if employed, to serve to the best of my ability and to abide by the policies established by the Housing Authority.

I agree, if employed, to furnish a work permit or other proof of meeting legal age requirements and any other document necessary to prove my right to work in the United States of America.

I understand that if I am employed, such employment is for an indefinite period of time, and the Housing Authority can change wages, benefits and conditions of employment at any time.

I have read and understand the above.

Signature _____ Date: _____

Thank you for completing this application form and for your interest in employment with us. All applicants are notified in writing regarding employment process.