

SANTA BARBARA COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity-Affirmative Action Employer



Providing equal employment opportunity to all, regardless of sex, race, marital status, religion, ancestry, disability, age, sexual orientation, or other non-merit related reason.

*Santa Barbara County Personnel
1226 Anacapa Street, Suite 1
Santa Barbara, CA 93101*

Please help us comply with State and Federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank, we have the right to enter data for this purpose based upon our visual assessment. On a periodic basis we must report statistical information about applicants and employees to the California and United States governments to demonstrate that we meet equal employment opportunity requirements. This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision. In order to fulfill requirements for obtaining federal funding, the County of Santa Barbara is an Affirmative Action Employer.

Name _____

Social Security No. _____

Job Bulletin # _____

Job Title _____

Your Date of Birth _____ / _____ / _____
Month Day Year

Male Female

To help us carry out our EEO/AA obligations, please indicate whether any of the following definitions apply to you.

VIETNAM ERA VETERAN: A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for service-connected disability, if any part of such active duty was performed between 8/5/64 and 5/7/75.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

INDIVIDUAL WITH A DISABILITY: A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

Please answer below based upon how you identify yourself. We understand that it may be difficult to choose a single ethnic identity if you have a multicultural heritage. Nevertheless, to comply with legal guidelines, we would like you to choose only one.

WHITE (not of Hispanic origin): All persons not classified into one of five specific ethnic minority categories that follow.

BLACK (not of Hispanic origin): All persons having origin 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 Islanders other than Filipinos: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. For example, includes China, Japan, Korea, Samoa, the Indian Subcontinent and the Middle East.

FILIPINO: All persons having origins in the peoples of the Philippine Islands.

AMERICAN INDIAN or Alaskan Native: All persons having origins in any of the original peoples of North America.

I first learned of this job opening through (check only one):

1. Santa Barbara County Employment Opportunities list, job line, job announcement, or contact with the Personnel Department.

8. Contact with a County department (other than the Personnel Department).

11. Television or radio.

2. Santa Barbara News-Press.

9. Friend or relative.

12. Organization or group:

3. Santa Maria Times.

10. School placement office.

13. Internet service:

4. Lompoc Record.

14. Other:

5. Newspaper other than one of the three listed above:

6. Trade or professional publication:

7. Jobs Available.

Answer the following questions if the Job Bulletin states this information is required or desired for this recruitment:

Driver's License: (Circle Class) A B C License No. _____ State issued by: _____
 (You may be required to provide your own vehicle for the conduct of official business.)

Yes N/A Supplemental Questionnaire: Is your supplemental questionnaire attached?

Yes N/A Veterans Preference Points: Is your DD 214 attached?
 (Eligibility is five years from the most recent qualifying veteran's experience. There is no time limit for veterans with thirty percent or more disability.)

Professional Licenses, Certifications, or Registrations: Type: _____ Number: _____
 Issuing Agency: _____ Date Issued: _____ Date Expires: _____

Answer the following questions for all jobs:

Did you graduate from high school? Yes No If no, do you possess a GED? Yes No

COLLEGE, GRADUATE, PROFESSIONAL, BUSINESS, AND/OR TRADE SCHOOL(S) ATTENDED:

<u>Name of School</u>	<u>City & State</u>	<u>Major</u>	<u>Units Completed</u>		<u>Degree Pursued</u>	<u>Completed? (Yes/No)</u>
			<u>Sem</u>	<u>Qtr</u>		

EMPLOYMENT EXPERIENCE

List all paid and related voluntary experience, starting with your most recent job. List different jobs/positions with the same employer separately. If you need additional space, attach a photocopy of page 3 or an additional sheet of paper and include answers to all of the questions asked on this application about each job experience. Refer to the **Employment Standards** on the **Job Bulletin** for this recruitment to help you decide whether a job you have held fulfills all or part of the Employment Standards. A resume will not be accepted in place of this section.

Dates of employment: From / / to / / Hrs/Wk		Length of employment yrs. mos.	
Official job title			
Description of primary duties			
Does the experience you acquired from this job help you to meet all or part of the employment standards? Yes No			
Name of employer		Type of business	
Mailing address		Supervisor's name	
		Supervisor's job title	
Salary \$ /mo.	No. of employees you supervised	Reason for leaving	
Name, if employed under another name		Are we authorized to contact this employer regarding your employment record?	
		Yes No Supervisor's phone number ()	

Dates of employment: From / / to / / Hrs/Wk Length of employment yrs. mos.	
Official job title	
Description of primary duties	
Does the experience you acquired from this job help you to meet all or part of the employment standards? Yes No	
Name of employer	Type of business
Mailing address	Supervisor's name
	Supervisor's job title
Salary \$ /mo.	No. of employees you supervised Reason for leaving
Name, if employed under another name	Are we authorized to contact this employer regarding your employment record? Yes No Supervisor's phone number () _____

Dates of employment: From / / to / / Hrs/Wk Length of employment yrs. mos.	
Official job title	
Description of primary duties	
Does the experience you acquired from this job help you to meet all or part of the employment standards? Yes No	
Name of employer	Type of business
Mailing address	Supervisor's name
	Supervisor's job title
Salary \$ /mo.	No. of employees you supervised Reason for leaving
Name, if employed under another name	Are we authorized to contact this employer regarding your employment record? Yes No Supervisor's phone number () _____

Dates of employment: From / / to / / Hrs/Wk Length of employment yrs. mos.	
Official job title	
Description of primary duties	
Does the experience you acquired from this job help you to meet all or part of the employment standards? Yes No	
Name of employer	Type of business
Mailing address	Supervisor's name
	Supervisor's job title
Salary \$ /mo.	No. of employees you supervised
	Reason for leaving
Name, if employed under another name	Are we authorized to contact this employer regarding your employment record?
	Yes No Supervisor's phone number (_____)_____

EQUIVALENT TRAINING, EDUCATION, AND EXPERIENCE

If you do not meet the experience requirement, you may still qualify for this position. The **Employment Standards** on the **Job Bulletin** may indicate that an equivalent combination of training, education, *and* experience that provides the required **Knowledge** and **Abilities** is also acceptable. If the Job Bulletin contains this provision and if you possess the required knowledge and abilities, please describe how you obtained the knowledge and abilities by completing this section *in addition to* completing the Employment Experience section above. You may attach additional sheets of paper if more space is needed.

Description of equivalent training, education, and experience:

APPLICANT RELEASE OF EMPLOYMENT INFORMATION

Please read before signing: I declare under penalty of perjury that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny County employment, or for disciplinary action including dismissal after employment.

Unless otherwise indicated on this application, I hereby authorize designated representatives of my current and former employers to respond to verbal or written inquiries and to release information about my employment with their respective organizations, including information based on the materials in my personnel file, to authorized representatives of the County of Santa Barbara.

I do hereby agree to release, save, defend, and hold harmless my current and former employers and/or their officers, employees, and agents from any claims arising from the release of such employment information.

Print Name _____ **Signature** _____

Date _____ **Job Bulletin #** _____