



OCEANO COMMUNITY SERVICES DISTRICT

1655 FRONT STREET/P.O. BOX 599, OCEANO, CA 93475

(805) 481-6730; FAX (805) 481-6836

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

| GENERAL INFORMATION (PLEASE TYPE OR PRINT) | |
|---|-------------------------------|
| NAME - LAST, FIRST, MIDDLE INITIAL | SOCIAL SECURITY NUMBER |
| ADDRESS - NUMBER, STREET, APARTMENT OR SPACE NUMBER | BUSINESS TELEPHONE () |
| CITY, STATE, ZIP CODE | HOME TELEPHONE () |
| IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS _____ AM/PM | |
| ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO; IF SO, BEST TIME TO CALL IS: _____ AM/PM | |
| DATE AVAILABLE FOR WORK _____ | |
| WHERE DID YOU LEARN OF THIS OPENING? _____ | |
| SALARY REQUIRED: _____ | |
| ARE YOU WILLING TO WORK (MARK THE APPROPRIATE CHOICES): <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> NIGHTS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> OVERTIME/STANDBY | |
| VETERAN'S CREDIT: TO ESTABLISH ELIGIBILITY, DISCHARGE PAPERS MUST BE FILED AT THE VETERAN'S MEMORIAL BUILDING, 801 GRAND AVENUE, SAN LUIS OBISPO, 781-5766, <u>BEFORE THIS APPLICATION IS SUBMITTED</u> . MILITARY VETERANS WHO SERVED DURING WARTIME, AND UN-REMARRIED WIDOWS WHOSE MILITARY SPOUSES WERE KILLED ON ACTIVE DUTY OR WHO DIED OF SERVICE-CONNECTED CAUSES MAY BE ENTITLED TO POINTS. WILL YOU APPLY FOR A VETERAN'S CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| LIST DRIVER'S LICENSE NUMBER IF REQUIRED FOR JOB _____ | |
| DATE OF EXPIRATION _____ CLASS NUMBER _____ STATE _____ | |
| ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NECESSARY, PLEASE DESCRIBE THE TYPE(S) OF REASONABLE ACCOMMODATIONS REQUIRED: _____ _____ | |
| DO YOU HAVE THE LEGAL RIGHT TO WORK AND BE EMPLOYED IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF YOU ARE UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT IF OFFERED THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____ _____ | |
| WHAT ARE YOUR HOBBIES, SPECIAL INTERESTS, AND ACTIVITIES? (PLEASE OMIT THOSE INDICATING RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, OR THE EXISTENCE OF A DISABILITY.) _____ _____ | |