

City of Santa Barbara

HUMAN RESOURCES

CITY HALL, 735 ANACAPA STREET
 P.O. BOX 1990
 SANTA BARBARA, CA 93102-1990
 (805) 564-5316



HOURLY APPLICATION FOR EMPLOYMENT

(Please Print in Ink or Type)

1. Position Applied for: _____ Date: _____
2. Name: _____ Home Phone: _____
Last First Middle
3. Address: _____ Cell Phone: _____
Number & Street City State Zip Code
4. E-mail: _____
5. In case of emergency notify: _____
Name Address Phone Number
6. Can you, after employment, submit verification of your legal right to work in the United States? Yes No You will be required to submit verification of the legal right to work in the United States within three (3) business days beginning with your first day of work. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.
7. Are you now or have you ever been employed by the City of Santa Barbara? Yes No
 If yes, give date(s): _____
8. Do you have any relatives, by blood, marriage, or registered domestic partnership, currently working for the City of Santa Barbara? Yes No If yes:
 Name of Relative: _____ Relationship: _____
 Department: _____ Division: _____
9. Do you possess a valid California Driver's License? Yes No License No.: _____
 Class: _____ Exp. Date: _____

10. EDUCATION/TRAINING

Have you graduated from High School or do you possess a GED? Yes No

Name and Location or College or University	Subject or Major	Units Completed		Title of Degree Awarded
		Semester	Quarter	

List any training, certificates, licenses, computer, or language skills which directly relate to position applied for:

11. Within the last five (5) years, have you been honorably discharged, released from a Veteran's hospital, or completed veteran's paid schooling? Yes No Are you a disabled veteran or widow of a veteran? Yes No **Note:** If you wish to be considered for Veteran's Preference, you must submit DD214 or applicable verification when application is filed.
12. **Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills.**

Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____
Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____

15. **EMPLOYMENT HISTORY.** List your employment, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Check the Job Announcement for details on the qualifications the City is seeking.

Current Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____

Reason for Leaving: _____ Rate of Pay: _____

Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____

Reason for Leaving: _____ Rate of Pay: _____

Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____

Reason for Leaving: _____ Rate of Pay: _____

Employer: _____ Phone: _____
 Address: _____
 Job Title: _____ Date Started / / Date Left / /
Month Day Year Month Day Year
 Supervisor's Name/Job Title: _____ Hours per Week: _____
 Responsibilities: _____

Reason for Leaving: _____ Rate of Pay: _____

16. May we contact your current employer? Yes No Past Employers? Yes No If no, please explain.

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. THIS APPLICATION MUST BE SIGNED IN INK AND DATED:

Signed _____ Date _____



SUPPLEMENTAL QUESTIONNAIRE FOR DOWNTOWN PARKING

NAME: _____ SOCIAL SECURITY # _____
CA. DRIVERS LIC. # _____ D/L EXPIRATION DATE: _____

1. What money handling experience have you had?
2. We are interested in your skills in meeting and greeting customers, i.e. providing excellent customer service. What is your experience with the public? (Tour guide, sales person, waiting tables, etc.)
3. Many customers will be tourists. What travel experience or language skills do you have?
4. Our kiosks are connected by an intercom system, however you may be alone until 11:00 PM. Are you comfortable with your ability to take care of yourself?
5. We are open seven days a week. The morning shift (A.M) runs from 9:30 a.m. to 3:45 p.m. The evening shift (P.M) is 3:30 p.m. to 11:15 p.m. on Sunday through Thursday. On Friday and Saturday the P.M. has two shifts, 3:30 p.m. to 7:45 p.m. and 7:30 p.m. until 2:00 a.m. *We are generally not interested in hiring anybody that is not available Saturdays and/or Sundays!*

Are you available Fridays?	Yes	No
Are you available Saturdays?	Yes	No
Are you available Sundays?	Yes	No

