

# 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.: _____

13. **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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date Started \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Left \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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 Supervisor's Name/Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

14. 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 \_\_\_\_\_