



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Attach Cover Letter of Interest and Résumé to Application (Optional)

PERSONAL INFORMATION

First Name Middle Last Name Date

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Cell Phone Business Phone Home Phone Email Address

EMPLOYMENT DESIRED

- Position applying for: _____ How did you hear about this position? _____
- Type of Employment You Are Applying for:
☐ Full Time ☐ Part Time ☐ Volunteer ☐ Temporary (i.e, summer/ holiday)
- What Days/ Hours Are You Available to Work? _____
- Pay Expected: _____ Date Available to Begin Work: _____ Applied to FSA before (Date)? _____
- If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No
- Are you at least 18 years old? (If under 18, hiring is subject to verification you are of minimum legal age) ☐ Yes ☐ No
- If hired, can you present proof of legal right to live and work in this country? ☐ Yes ☐ No
- Are you able to perform the essential functions for the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

EDUCATION, TRAINING, AND EXPERIENCE

School	Name and Location	No. of Years Completed	Did you Graduate?	Degree/Diploma
Graduate				
College/ University				
High School				
Vocational, Health Care or Business Training				

Please list any other experience, training, qualifications or skills that you feel are relevant to the position for which you are applying:

LANGUAGE EXPERIENCE

• Do you: ☐ speak ☐ read ☐ write another language?

• If yes, which language (s)? _____

MILITARY SERVICE

• Have you obtained any special skills or abilities as the result of service in the military? ☐ Yes ☐ No
If so, describe:

EMPLOYMENT HISTORY (please list your most recent employment first and then your second most recent, providing employment history without omitting any employment and explaining any period of unemployment.)

Company Name:	Job Title, Description:	
Address:	Name of Supervisor:	Reason For Leaving:
City, State, Zip	Dates Employed (month & year):	
	From: To:	
Telephone:		May we contact this employer?

Company Name:	Job Title, Description:	
Address:	Name of Supervisor:	Reason For Leaving:
City, State, Zip	Dates Employed (month & year):	
	From: To:	
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City, State, Zip	Dates Employed (month & year):	
	From: To:	
Telephone:		May we contact this employer?

REFERENCES (Please list 3 professional references, including at least 1 former supervisor.)

1.

First Name	Last Name	Phone Number	Email
Occupation		Relationship	No. of Years Acquainted

2.

First Name	Last Name	Phone Number	Email
Occupation		Relationship	No. of Years Acquainted

3.

First Name	Last Name	Phone Number	Email
Occupation		Relationship	No. of Years Acquainted

BACKGROUND CHECK FOR PROSPECTIVE EMPLOYEE (Please read carefully, and initial.)

Initial In the event I become an employee with the Agency, I hereby acknowledge that I will be enrolled in the Department of Justice (DOJ) Live Scan Subsequent Arrest Notification Services Program as a condition of my employment. I authorize Family Service Agency of Santa Barbara to enroll me in the DOJ's Live Scan Subsequent Arrest Notification Services Program, which will allow the Agency to receive periodic DOJ public record updates on me throughout my employment with the Agency.

Initial I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial I hereby authorize Family Service Agency of Santa Barbara to perform a search of DMV records, and to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Agency any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Agency, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Agency, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Agency's designated representative.

Initial Should a search of public records be conducted by internal personnel employed by the Agency, or should the Agency receive a subsequent arrest notification from the DOJ in the event that I become an employee with the Agency, I am entitled to copies of any such public records obtained by the Agency unless I mark the check box below. If I am not hired as a result of such information, or if the receipt of such information otherwise causes the Agency to take any adverse action, I am entitled to a copy of any such records even though I have waived receipt of public records below.

Initial I waive the receipt of a copy of any public record described in the paragraph above.

Applicant Signature

Date