



Community Action Commission
of Santa Barbara County
Human Resources Department
5638 Hollister Avenue, Suite 230
Goleta, California 93117-3475

(805) 964-8857
FAX (805) 683-4276
http://www.cacsb.com

Employment Application

An Equal Opportunity Employer

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. This application must be completed in its entirety before any offer of employment may be considered. **Resumes will not be accepted in lieu of any information required on this form.** Community Action Commission observes all Federal and State laws and regulations related to discrimination in employment.

PERSONAL

Last Name		First		Middle	Other last name(s) by which you have been known				
Current address (number & street)			City	State	Zip Telephone Number Area No.				
E-Mail address			Alternate contact through which you may be reached						
Have you previously applied at CAC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When/Position/Location		Social Security Number		Driver License No. - Expiration Date	State				
Position(s) Desired 1.		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you the legal right to work in The United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2.				Have you ever worked for CAC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When/Where					
Date available for employment		List below the names of any relatives currently employed by CAC. (relations include blood relative and close relative by marriage)		Please list any languages, other than English , that you are familiar with: Language 1. _____ 2. _____ 1. <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write 2. <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write					
Region interested in: <input type="checkbox"/> Santa Maria <input type="checkbox"/> Santa Barbara <input type="checkbox"/> Lompoc						Name		Relationship	
Employment Status Desired						1.		1. <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time A (30-39 hrs. p/week.)						2.		2. <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write	
<input type="checkbox"/> Temporary <input type="checkbox"/> Part Time B (under 30 hrs. p/week)						3.			
<input type="checkbox"/> On-Call/Substitutes		4.							
		5.		If you were referred by a CAC employee provide name below: _____					

SKILLS AND ADDITIONAL INFORMATION

Have you ever been convicted of a Felony or a Misdemeanor as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain (record of conviction does not disqualify you from employment consideration)
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Give any information you may wish covering your qualifications, licenses, certificates, or interests pertinent to the job for which you are applying. Include any courses or training which may be applicable. Attach additional sheet if needed.

Typing? <input type="checkbox"/> Yes <input type="checkbox"/> No _____(WPM)	Date last tested: _____	Computer Software: <input type="checkbox"/> MS Word <input type="checkbox"/> MS Access <input type="checkbox"/> Word Perfect <input type="checkbox"/> Publishing <input type="checkbox"/> MS Excel <input type="checkbox"/> Other	Other skills: <input type="checkbox"/> Adding Machine <input type="checkbox"/> Cashier <input type="checkbox"/> Switchboard <input type="checkbox"/> Translation <input type="checkbox"/> Data Entry <input type="checkbox"/> Other	
Professional License/Certification	Number	State Issued	Date Issued	Expiration Date
Professional License/Certification	Number	State Issued	Date Issued	Expiration Date

TRAINING AND EDUCATION

High School Attended	City	State	Zip	Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.
If you did not graduate from High School, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12				
U.S. Military Service School (Name)	City	State	Zip	Course
Vocational/Technical Schools	City	Course(s):	Certificate or Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the section below:				

COLLEGES ATTENDED

College or University	Number of Years Completed	Field of Specialization	Degree or Major
Name			Degree Conferred? <input type="checkbox"/> Yes, year completed: _____ <input type="checkbox"/> No
Location			
Name			Degree Conferred? <input type="checkbox"/> Yes, year completed: _____ <input type="checkbox"/> No
Location			
Name			Degree Conferred? <input type="checkbox"/> Yes, year completed: _____ <input type="checkbox"/> No
Location			
Scholastic Honors			
Thesis/Dissertation Subject			

REFERENCES

List below the names of two references we may contact who can comment on your work qualifications/experience. Do not repeat the names of supervisors on the next page.

Name	Address/City	State	Zip	Business or Occupation	Telephone Number
Name	Address/City	State	Zip	Business or Occupation	Telephone Number

WORK EXPERIENCE

Beginning with the most recent, list all employment, including part-time and self-employment. Also list significant experience, you may include any verified work performed on a voluntary basis. Use space on last page to account for periods for which employment, military service or school attendance that is not shown on this application. **Complete this section in its entirety, resumes will not be accepted in lieu of any information requested below.**

Employer Name				From (Mo./Yr.) To (Mo./Yr.)	
Address		City	State	Zip	Starting Base Pay (Per)
Name of Supervisor		Title	Telephone#:	Ext.	Final Base Pay (Per)
Starting Position		Current or Last Position			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:					Reason for Leaving

Employer Name				From (Mo./Yr.) To (Mo./Yr.)	
Address		City	State	Zip	Starting Base Pay (Per)
Name of Supervisor		Title	Telephone#:	Ext.	Final Base Pay (Per)
Starting Position		Current or Last Position			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:					Reason for Leaving

Employer Name				From (Mo./Yr.) To (Mo./Yr.)	
Address		City	State	Zip	Starting Base Pay (Per)
Name of Supervisor		Title	Telephone#:	Ext.	Final Base Pay (Per)
Starting Position		Current or Last Position			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:					Reason for Leaving

Employer Name				From (Mo./Yr.) To (Mo./Yr.)	
Address		City	State	Zip	Starting Base Pay (Per)
Name of Supervisor		Title	Telephone#:	Ext.	Final Base Pay (Per)
Starting Position		Current or Last Position			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:					Reason for Leaving

PLEASE ENTER INFORMATION IN THE SPACE BELOW ON ANY ITEM IN THIS FORM REQUIRING FURTHER EXPLANATION

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I understand that as a condition of employment I must successfully complete Community Action Commission's pre-employment physical examination (applicable positions only). A physical examination may include a health screen, tuberculosis tests, or drug screen to determine my fitness for the work to be performed.

I further understand that if hired, I may be fingerprinted and I must provide proof of my identity and work authorization as required by the Immigration Reform and Control Act of 1986.

I also understand that my employment is for an indefinite period of time and may be terminated by myself at any time, for any reason. I further understand that the Community Action Commission may similarly terminate my employment should management determine that my services were no longer required. Therefore, I understand that employment is "at will". I also understand that CAC is a county-wide employer; therefore, I may be required to travel to attend meetings/trainings or relocate my work site to a different CAC location.

I authorize Community Action Commission to obtain information found in a background investigation which may include educational credentials, previous employment records, driving history, Social Security number verification, credit background, criminal history searches and any other information deemed appropriate for the position for which I am applying. I release all concerned from any liability in connection with this investigation. In addition, I agree that Community Action Commission's authorized medical clinics may release my medical records to such employees, agents, and other persons who have need for this information in connection with decisions relating to my employment. I also understand that any misstatement or omission on any medical/health screening required paperwork may be basis for immediate dismissal.

I certify that the statements made by me herein, and other information given by me pursuant to my becoming an employee of Community Action Commission are true, complete, and correct and are made in good faith, and I understand that any misstatement or omission may be the basis for immediate dismissal.

Applicant's Signature

Date

Rev. 9/07

FOR HUMAN RESOURCES USE ONLY

<p>Interview <input type="checkbox"/> Yes Date: _____</p> <p><input type="checkbox"/> No Denial Letter Sent: _____</p>		<p>Comments:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Community Action Commission of Santa Barbara County

Affirmative Action Survey

Confidential Information – Not Included in the Selection Process

We appreciate your interest in employment with Community Action Commission of Santa Barbara County. Be assured that your application and/or resume will be given thorough consideration, and that you will be appropriately advised of your status in the selection process.

We are interested in reaching the broadest possible pool of qualified applicants. This survey has been devised to assist us in monitoring the effectiveness of our recruitment efforts, and to assist in collecting data which is required for compliance with various State and Federal reporting requirements. Your cooperation and participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used in any way to make any employment decisions.

Thank you for your cooperation!

Date of Application: _____

Position(s) Desired:

1. _____ 2. _____

Name: _____ E-Mail Address: _____

Date of Birth: _____ Zip Code: _____ Male Female

ETHNIC ORIGIN: Check the box corresponding to the ethnic origin with which you most closely identify. *Check one box only.*

- 1 White (Not Hispanic) - Person of European, North African or Middle Eastern descent.
 - 2 Black (Not Hispanic) - Person of Black African descent.
 - 3 Asian/Filipino/Pacific Islander - Person of Japanese, Chinese, Korean, Vietnamese, Asian Indian, Hawaiian, Samoan, Thai or similar descent.
 - 4 Hispanic - Person of Puerto Rican, Cuban, Mexican, South or Central American or other Spanish descent.
 - 5 Native American - Person of American Indian, Eskimo, or persons of origins in any of the original peoples of North America.
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REFERRAL SOURCE: How did you hear about this opening? *Check all that apply.*

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 CAC Human Resources Department | <input type="checkbox"/> 2 CAC Employee | <input type="checkbox"/> 3 Friend or Relative |
| <input type="checkbox"/> 4 CAC Career Opportunities Posting | <input type="checkbox"/> 5 CAL-Jobs | <input type="checkbox"/> 6 Community Organization |
| _____ | <input type="checkbox"/> 7 Walk In | _____ |
| <i>Specify Location</i> | | <i>Specify Agency/Location</i> |
| <input type="checkbox"/> 8 Santa Barbara News Press | <input type="checkbox"/> 9 Santa Maria Times | <input type="checkbox"/> 10 Lompoc Record |
| <input type="checkbox"/> 11 Ventura Star Free Press | <input type="checkbox"/> 12 SLO Tribune | <input type="checkbox"/> 13 The Independent |
| <input type="checkbox"/> 14 Valley Voice | <input type="checkbox"/> 15 Midway Driller | <input type="checkbox"/> 16 Other: _____ |
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Include the completed form with your application/resume and submit to Human Resources.