



CACHUMA OPERATION AND MAINTENANCE BOARD

3301 Laurel Canyon Road

Santa Barbara, California 93105-2017

Telephone (805) 687-4011

FAX (805) 569-5825

www.cachuma-board.org

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Thank you for considering employment with the Cachuma Operation and Maintenance Board. To make the application process as easy as possible, please read and follow these instructions.

INSTRUCTIONS

1. Please answer all questions and provide enough detail to allow for full review and evaluation.
2. Please type or print in ink.
3. Hand deliver or mail original to the attention of the Administrative Manager. Mark envelope "Confidential". Electronic copies can be emailed to employment@cachuma-board.org. Note the position in the subject line.
4. Resumes will **not be accepted in lieu** of a completed application, but may be included with application.
5. Use a separate application for each job title. Applications and attachments will not be returned.
6. Background investigations will be conducted for position finalist. Please read the Applicant Investigation Policy carefully.
7. Please notify the Administrative Manager if you change your address or phone number during the hiring process.

APPLICANT INVESTIGATION POLICY

Cachuma Operation and Maintenance Board (COMB) recognizes the importance of maintaining a safe workplace with employees who are honest, trustworthy, qualified, reliable and non-violent and who do not present a risk of harm to their co-employees or others. For purposes of furthering these concerns and interests, all job applicants will be asked to sign an agreement authorizing COMB or its designated Consumer Reporting Agency to conduct and prepare an Investigative Consumer Report in compliance with federal and state laws. COMB reserves the right to exclude any applicant from consideration for employment if the applicant refuses to sign this agreement as requested.

COMB's policies regarding terms and conditions of employment and its employee benefits are contained in the COMB Employee Handbook and related documents. After receiving an offer of employment, you must review and sign the Handbook and related documents and return signed copies to the Administrative Manager before beginning employment.

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip
Telephone Number(s)	Day	Evening	Messages		
Email Address					

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No
If yes, give date _____

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____
Are you currently available to work: Full Time Part Time Temporary

Are you available to work overtime? Yes No

If yes; weekdays, weekends and holidays? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

If the position for which you are applying requires driving of any vehicle, provide the following:

License No. _____ Issuing State _____ Type _____ Expiration Date _____

Please note: You must be licensed and insurable in order to hold any position that requires driving. If a job offer is made you will be required to provide or authorize COMB to obtain a copy of your DMV record.

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

EDUCATION/SKILLS

	HIGH SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY*	GRADUATE/ PROFESSIONAL*
School Name, Location and Phone Number			
Years Completed			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extrac urricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

**Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.*

Indicate any languages, other than English, that you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

SPECIAL SKILLS AND QUALIFICATIONS

List the skills and licenses (including numbers) you possess that are relevant to the position you seek or that you believe would benefit COMB. Use additional paper if needed.

If this job requires a specific license or certificate, please complete:

PROFESSIONAL LICENSE / CERTIFICATE	LICENSE NO.	DATE ISSUED	EXPIRATION DATE

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

This section must be fully completed. Do not write "see résumé".

1.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			
5.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Number(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Give name, address and telephone number of three business references who are not related to you.

	NAME	ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

Do you have the physical and mental ability to perform the tasks on the **attached** job description, with or without accommodation? Yes No

If accommodation is necessary, please describe below.

Are you related to anyone who works for COMB or its Board of Directors by blood, marriage, adoption or domestic partnership?

If yes, Name: _____ Relationship: _____

What prompted you to apply here? _____

If you were referred, please state by whom: _____

I, the undersigned, authorize the above-named references to respond to COMB, or its designated Consumer Reporting Agency, for confirmation of the information in this application, and for information about my skills, work history, reliability, honesty and any tendency to behave violently or in an unsafe, harmful or threatening manner. I hereby release the above-named references from all liability arising therefrom.

Signature _____

Date _____

APPLICANT'S STATEMENT

____ **(Initial)** I certify that answers given herein are true and complete to the best of my knowledge.

____ **(Initial)** I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of the COMB is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

____ **(Initial)** I understand that if offered employment, the offer may be contingent on passing a pre- employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

____ **(Initial)** If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

____ **(Initial)** This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

____ **(Initial)** I understand and hereby acknowledge that any employment relationship with COMB is of an "at will" nature, which means that the employee may resign at any time and that COMB may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the COMB.

____ **(Initial)** In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the COMB.

____ **(Initial)** Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by COMB, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

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

Signature _____ Date _____