VANDENBERG VILLAGE
COMMUNITY SERVICES DISTRICT
3745 Constellation Road • Vandenberg Village • Lompoc, CA 93436
Telephone: (805) 733-2475 • Fax: (805) 733-2109

*"Pride in Community Service"*
*http://vvcsd.org*
*info@vvcsd.org*

# 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.**

Applications must be typed or in ink and all sections must be completed. Please give us enough information to allow for a comprehensive review and evaluation.

Position(s) Applied For _____ Date of Application _____

Last Name _____ First _____ Middle _____

Address _____ City/State/Zip _____

Email Address _____ Home Phone _____ Business Phone _____ Cellular Phone _____

May we contact you at your business number? _____ Yes _____ No

Social Security Number _____

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary at this time. The Social Security Number will be used for identification purposes to ensure that proper records are maintained.

Do you have a valid Driver's License? _____ Yes _____ No State_____ Class _____

***A copy of your driving record from the Department of Motor Vehicles is required with your completed application.***

Can you, upon employment, submit proof of your legal right to work in the U.S.? ☐ Yes ☐ No

Are you 18 years of age or over? ☐ Yes ☐ No

Are you related by blood, marriage, or adoption to anyone who works for VVCSD? ☐ Yes ☐ No

If yes, please list name and relationship _____

Have you ever applied with us before? ☐ Yes ☐ No

Have you ever worked for us before? Including community service ☐ Yes ☐ No

If yes, give the position and date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you currently on “lay-off” status and subject to recall? ☐ Yes ☐ No

As an adult, have you been convicted of an offense other than a minor traffic violation? ☐ Yes ☐ No
Convictions are evaluated for each position and are not necessarily disqualifying

If yes, please explain: _____

Indicate the type of appointment you would accept:

_____ Full-time, regular position (40 hours per week)

_____ Part-time, regular position (less than 40 hours per week)

_____ Temporary position

_____ Shift/Weekend work

## Education

| | High School | | | | Undergraduate, Business or Trade School* | | | | Graduate School* | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name<br>Location | | | | | | | | | | | | |
| Years Completed | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Major | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills, and extracurricular activities | | | | | | | | | | | | |
| Describe any honors you received | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application | | | | | | | | | | | | |
| Graduation certificate received (Diploma, GED, A.A., B.S., etc.) | | | | | | | | | | | | |

*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 | | | |

## Certification

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

| Certificate of Training/Professional Registration | License No./Registration No. | Date Issued | Date Expires |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

# Employment Experience

Please give us enough information to allow for review and evaluation of your work experience and abilities. List positions you have held starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper. This section must be fully completed. **A resume may be attached but will not be accepted in place of this section.**

| | | | |
|---|---|---|---|
| Dates of Employment<br>to<br>Mo. Yr. Mo. Yr. | Current Employer (Business or Agency Name) Address City/State/Zip | | |
| Hours per week<br><br>$_____ per _____ | Title of your position | No. employees supervised by you. | Supervisor's name and phone number |
| Reason for leaving | Type of work performed (Be Specific) | | |
| Dates of Employment<br>to<br>Mo. Yr. Mo. Yr. | Employer (Business or Agency Name) Address City/State/Zip | | |
| Hours per week<br><br>$_____ per _____ | Title of your position | No. employees supervised by you. | Supervisor's name and phone number |
| Reason for leaving | Type of work performed (Be Specific) | | |
| Dates of Employment<br>to<br>Mo. Yr. Mo. Yr. | Employer (Business or Agency Name) Address City/State/Zip | | |
| Hours per week<br><br>$_____ per _____ | Title of your position | No. employees supervised by you. | Supervisor's name and phone number |
| Reason for leaving | Type of work performed (Be Specific) | | |

May we contact all employers listed above? _____Yes _____No If NO, indicate exceptions:

Do you have the physical and mental ability to perform the tasks described in the job description for this position (with or without accommodation)? ☐ Yes ☐ No

If you require ADA accommodation, please describe: _____

## Memberships

List professional, trade, business or civic activities and offices held. Please exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## Military Service

Have you ever had any training in the United States military that is related to the job for which you are applying? ☐ Yes ☐ No

If yes, please describe:

## References

Please list the names and contact information for three people, not relatives, that we may contact who know your job skills, experience, and ability. You may use past employers but do not duplicate names of supervisors listed elsewhere.

| Name | Address | Daytime Phone Number | Business or Occupation |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Additional Comments

# Declaration

Vandenberg Village Community Services District is hereby authorized to make any job-related inquiry of my personal, educational, training, or experience background as detailed in the application and to contact all prior employers and references, except those listed on page 3. Further, I hereby authorize all prior employers and references to respond to the District's job-related inquiries. I understand any employment offer may be contingent upon my ability to successfully pass a job-related employment physical examination by a District authorized physician.

I understand and hereby acknowledge that any employment relationship with Vandenberg Village Community Services District is of an "at will" nature, which means that the employee may resign at any time and Vandenberg Village Community Services District 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 the change is specifically acknowledged in writing by an authorized executive of Vandenberg Village Community Services District.

**Applicant Certification: PLEASE READ BEFORE SIGNING**. I DECLARE under penalty of perjury under the laws of the State of California that the statements made by me in this application are true, complete, and correct. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material may be grounds to deny District employment or for disciplinary action including dismissal after employment.

Signature of Applicant _____

Date _____

## For District Use

Position applied for is open? ☐ Yes ☐ No

Interview arranged? ☐ Yes ☐ No

Date of Interview _____ Interviewer Name and Title _____

Hired? ☐ Yes ☐ No

Date of Employment _____ Job Title _____ Department _____