



Please give any additional information about yourself which, in your opinion, would help to qualify you for the type of work for which the application is made. At the desire of the applicant, employment related personal data may be included here or on a separate sheet:

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**Employment Record**

Please complete in detail starting with present employer. Account for **all** time, including periods of unemployment or self-employment. Feel free to attach resume, but not in lieu of providing following information.

<b>1</b> Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (mm/dd/yy)	Date Left (mm/dd/yy)		
Reason for Leaving			

<b>2</b> Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (mm/dd/yy)	Date Left (mm/dd/yy)		
Reason for Leaving			

<b>3</b> Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (mm/dd/yy)	Date Left (mm/dd/yy)		
Reason for Leaving			

<b>4</b> Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				

Name and Position held by Immediate Supervisor			Phone
Date Employed (mm/dd/yy)	Date Left (mm/dd/yy)		
Reason for Leaving			

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

Who do you know in this agency?

The Housing Authority of the County of Santa Barbara is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, sexual orientation, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity laws, and will make reasonable accommodations for qualified individuals with a disability.

**In completing this application I understand that:**

1. Any material misrepresentations or deliberate omission of a fact in my application may be justification for refusal of, or termination from employment.
2. It is my understanding that the Housing Authority will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Housing Authority, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or may subject me to immediate dismissal if hired.
3. Any offer of employment and continued employment will be conditioned upon acknowledgment in writing of my responsibility to familiarize myself with and adhere to the policies of the Housing Authority governing my employment..
4. If hired I agree that my employment may be terminated by the Housing Authority at any time without liability for wages or salary except such as may have been earned.
5. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job duties now or in the future during my employment with the Housing Authority, if hired.
6. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, emergency on-call duty, or work schedule other than Monday through Friday. If hired, I understand and accept these as conditions of employment.
7. Certain positions require the completion of a physical examination. I understand that any offer of employment in such position and/or continued employment is contingent upon successful completion of such physical examination.
8. Certain positions require a valid driver's license and insurability. Proof of such license and continual insurability is a requirement of such positions.

I agree, if employed, to serve to the best of my ability and to abide by the policies established by the Housing Authority.

I agree, if employed, to furnish a work permit or other proof of meeting legal age requirements and any other document necessary to prove my right to work in the United States of America.

I understand that if I am employed, such employment is for an indefinite period of time, and the Housing Authority can change wages, benefits and conditions of employment at any time.

**I have read and understand the above.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for completing this application form and for your interest in employment with us. All applicants are notified in writing regarding employment process.*