



Cambria Community Services District

2150 Main Street, #1-A • Cambria, CA 93428 • (805) 927-6223

The law prohibits discrimination because of age, sex, religion, race, color, marital status, disability, national origin, sexual orientation, or any legally protected status, and requires affirmative action in the hiring of disabled and veterans. The Cambria Community Services District is an equal opportunity employer. If you need assistance in completing this application, please let us know.

<p>Instructions to applicants:</p> <ol style="list-style-type: none"> 1. Print clearly. 2. Answer all questions completely and accurately. 3. Avoid any reference to race, color, religion, national origin or sex. 	<p>1. Print exact title of the position you are applying for:</p> <p>_____</p> <p>2. Print your full name:</p> <p>_____</p> <p style="text-align: center;">(Last) (First) (Middle)</p> <p>3. Address</p> <p>_____</p> <p style="text-align: right;">() () () (h)</p> <p style="text-align: right;">() () (w)</p> <p>(City) (State) (Zip)</p> <p>Email _____ () () (c)</p>
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<p>4. Do you have a U.S. Social Security card? (Proof required after hire.)</p> <p style="text-align: center;">Yes No</p>	<p>5. Are you related to anyone working for the CCSD?</p> <p style="text-align: center;">Yes No</p> <p>Relationship: _____</p> <p>Department: _____</p>	<p>6. Drivers License #</p> <p>_____</p> <p>State of Issue: _____</p> <p>Expiration Date: _____</p>
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7. EDUCATION

Check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and Location of School _____ Did you graduate? Yes No

COLLEGE OR UNIVERSITIES ATTENDED	MAJOR	UNITS	DEGREE RECEIVED

8a. Clerical Skills: Typing Data Entry Word Processing Ten-Key Pad

8b. Professional Licenses or Certificates: _____

8c. Professional Memberships: _____

8d. If not a high school graduate, do you have a GED certificate? Yes No

8e. Do you speak any languages other than English fluently? Yes No

8f. Are you a CALPERS retired annuitant? Yes No

9. EXPERIENCE List your present or most recent job first. Carefully account for all recent employment (at least the last ten years). By giving complete information, you will improve your chances for employment. If you need more space, please attach additional sheets. The information requested below must be completed.

A resumé may be attached, but not referenced in lieu of completing this information.

DO YOU OBJECT TO HAVING YOUR PRESENT EMPLOYER CONTACTED? Yes No

Month/Year From	To	Title of your position	Work Phone #
Name and Address of Employer		Duties of Your Position	
Name of Supervisor		Reason for Leaving	
		# of Employees Supervised	Hours Worked Per Week
Month/Year From	To	Title of your position	Work Phone #
Name and Address of Employer		Duties of Your Position	
Name of Supervisor		Reason for Leaving	
		# of Employees Supervised	Hours Worked Per Week
Month/Year From	To	Title of your position	Work Phone #
Name and Address of Employer		Duties of Your Position	
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Month/Year From	To	Title of your position	Work Phone #
Name and Address of Employer		Duties of Your Position	
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		# of Employees Supervised	Hours Worked Per Week
Month/Year From	To	Title of your position	Work Phone #
Name and Address of Employer		Duties of Your Position	
Name of Supervisor		Reason for Leaving	
		# of Employees Supervised	Hours Worked Per Week

10. Why are you interested in this position?

11. Use this space for any additional information you wish to provide concerning your qualifications for this position.

12. Certification by Applicant: I hereby certify that all the statements made in this application are true and complete to the best of my ability.

Signature of Applicant

Date