







40164

# EMPLOYMENT APPLICATION

(continued)

## San Luis Obispo County Personnel Department

**AN EQUAL OPPORTUNITY/  
AFFIRMATIVE ACTION EMPLOYER**

### Applicant Identification Number

First 3 letters of  
Last Name at Birth

Last 4 digits of Social  
Security Number

Month of Birth

Day of Birth

Recruitment Number

Disclosure of your Social Security Number is voluntary. It will be used for identification purposes only to ensure that proper records are maintained.

Social Security Number

Title of Position

Last Name

First Name

MI

Mailing Address (please include apt.#)

City

State

Zip

Country

Home Phone

OK to leave msg?  Yes  No

Work Phone

OK to leave msg?  Yes  No

Ext.

Alternate Phone

OK to leave msg?  Yes  No

Ext.

**LOCATION:** (Check all locations where you would accept work.)

- All Areas
- City of San Luis Obispo
- Morro Bay / Los Osos / Cayucos
- Northern Coast (e.g. Cambria)
- North County (e.g. Atascadero / Paso Robles)
- South County (e.g. Pismo Beach / Nipomo)

**CONDITIONS OF EMPLOYMENT:** (Check every condition you would accept.)

- Temporary
- Permanent
- Substitute
- Weekend
- On Call
- Full-Time
- Part-Time (1/4, 1/2 or 3/4 time)
- Contract
- Shift

**LANGUAGES:** Do you speak, read and/or write the following:

- Spanish
- Tagalog
- American Sign Language

### FOR PERSONNEL DEPARTMENT USE ONLY

Accept \_\_\_\_\_

Reasons for rejection (check one)

Reject \_\_\_\_\_

- No supp app
- Incomplete
- Lic./Cert.
- Late
- M.Q.s
- Other
- Education
- Experience

Date Notice Sent \_\_\_\_\_

Comments \_\_\_\_\_

Date Received

Received By

Number of Pages (not blank)

Entered by

**EMAIL ADDRESS** (Optional): *Provide only if we may contact you primarily via email.* Please write clearly so that we can tell the difference between letters and numbers, e.g., "O" and "0" (zero); "l" or "L" and "1" (one)

Yes  No Are you currently a permanent County employee in the classified service?

Job Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

Yes  No Are you 18 years of age or older?

Yes  No Can you submit proof of age after employment?

Yes  No **VETERANS CREDIT:** Will you apply for veterans credit? To establish eligibility, discharge papers must be filed at the Veterans Services Administration: 801 Grand Avenue, San Luis Obispo, (805) 781-5766, before the examination date. Military veterans who served during wartime and unmarried widows whose military spouses were killed on active duty or died of service-connected causes may be entitled to points. To receive additional disabled preference, a Veterans Administration letter dated within the last year must be submitted to the same address with each employment application submitted.

**TYPING:** Applicants for jobs requiring typing, please certify skill level:  35 WPM  45 WPM  50 WPM  60+ (Subject to verification/may be required to submit proof upon request.)

**LICENSES/CERTIFICATES:** Must identify all licenses, certificates, and registrations required for the position you are applying for (please refer to the Job Announcement to view requirements).

Driver's License Number: 

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 Expires 

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mm dd yyyy

State:  CA  Other Class:  A  B  C  Other

Professional License:	Date Issued:	Expires:
Professional License:	Date Issued:	Expires:
Other License:	Date Issued:	Expires:

Yes  No Are you related by blood or marriage to anyone working for San Luis Obispo County? If "Yes," please list:

Name:

Department:

Relationship:

Yes  No Were you ever discharged or asked to resign from a position? If "Yes," please explain:

Yes  No As an adult, have you ever been CONVICTED of an offense other than a minor traffic violation? (Do not include convictions while a minor and/or convictions sealed by a court order.) If "Yes," please explain. (Conviction is NOT an automatic bar to employment. Each case will be considered on its own merits.)



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**EDUCATION:** Applicants may be required to furnish proof of academic training by transcript or diploma.

Highest Grade Completed  1  2  3  4  5  6  7  8  9  10  11  12 College:  1  2  3  4

Post Graduate Work:  1  2  3  4  5  6  7  8

Last High School Attended:

Did you graduate?:  Yes  No If "No," do you have a GED certificate?:  Yes  No

College or University	Major / Minor	Units		Type of Degree Obtained	Date Received
		Sem	Qtr		
				<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	
				<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	
				<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	

List any school courses, special skills, training, machines or equipment you can operate that relate to the requirements of the position:

**OPTIONAL:** This information may be used for database searches.

Major Subject of Education

Major Area of Employment Experience

Years of Employment in Major Area

Other Area of Employment Experience

Years of Employment in Other Area

Applicant Name: \_\_\_\_\_

Dates of Employment: From         To         Avg # hrs worked/wk \_\_\_\_\_  
MO DAY YR MO DAY YR

Title: \_\_\_\_\_  Please check if you feel this experience applies to this job.

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Would you object to contacting of this employer? YES  NO

Contact Person's Name: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ /mo. Phone Number: \_\_\_\_\_

Dates of Employment: From         To         Avg # hrs worked/wk \_\_\_\_\_  
MO DAY YR MO DAY YR

Title: \_\_\_\_\_  Please check if you feel this experience applies to this job.

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Would you object to contacting of this employer? YES  NO

Contact Person's Name: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ /mo. Phone Number: \_\_\_\_\_

Dates of Employment: From         To         Avg # hrs worked/wk \_\_\_\_\_  
MO DAY YR MO DAY YR

Title: \_\_\_\_\_  Please check if you feel this experience applies to this job.

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Would you object to contacting of this employer? YES  NO

Contact Person's Name: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ /mo. Phone Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Dates of Employment: From		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Avg # hrs worked/wk _____
		MO	DAY	YR		MO	DAY	YR	
Title:		<input type="checkbox"/> Please check if you feel this experience applies to this job.							
Duties:									
Name of Employer:		_____			Reason for Leaving:		_____		
Mailing Address:		_____			Would you object to contacting of this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		_____			Contact Person's Name:		_____		
Salary:		\$ _____ /mo.			Phone Number:		_____		
Dates of Employment: From		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Avg # hrs worked/wk _____
		MO	DAY	YR		MO	DAY	YR	
Title:		<input type="checkbox"/> Please check if you feel this experience applies to this job.							
Duties:									
Name of Employer:		_____			Reason for Leaving:		_____		
Mailing Address:		_____			Would you object to contacting of this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		_____			Contact Person's Name:		_____		
Salary:		\$ _____ /mo.			Phone Number:		_____		

Certificate of applicant: I certify that all the statements made in this application are true and complete to the best of my knowledge. I understand that all statements are subject to verification by the County and any false statements or omissions of material facts may be considered sufficient to subject me to disqualification or dismissal. I agree to take the LOYALTY OATH or AFFIRMATION by law. Unless otherwise indicated on this application, I hereby authorize designated representatives of my current and former employers to respond to verbal or written inquiries and to release information about my employment with their respective organizations, including information based on the materials in my personnel file, to authorized representatives of the County of San Luis Obispo. I hereby agree to release, save, defend, and hold harmless my current and former employers and/or their officers, employees, and agents from any claims arising from the release of such employment information.

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

