



353 Santa Monica Drive • Channel Islands Beach, CA 93035-4473 • (805) 985-6021 • FAX (805) 985-7156
A PUBLIC ENTITY SERVING CHANNEL ISLANDS BEACHES AND HARBOR • CIBCSO.COM

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APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

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.

Position(s) Applied For: _____ Date of Application: _____
How Did You Learn About Us?

Advertisement (_____) Friend Inquiry
 Employment Agency Relative Other _____

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Best time to contact you at home is: _____ a.m / p.m.

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? If Yes, give date _____ Yes No

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

Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Proof of citizenship or immigration status will be required upon employment

Date available for work _____ / _____ / _____

Are you available to work: Full Time Part Time Temporary

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

Can you travel if a job requires it? Yes No

Do you possess a valid California Class C Driver's License? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

<u>SCHOOL</u>	<u>NAME/ADDRESS</u>	<u>MAJOR</u>	<u>Date From/To</u>	<u>Diploma/Degree</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Grad/Trade	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

WORK EXPERIENCE

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER: _____ Address: _____ Phone: _____

Dates Employed: ____ / ____ to ____ / ____ Job Title: _____ Supervisor: _____

Starting Pay: _____ Ending Pay: _____ Reason for leaving: _____

Work Performed: _____

May we contact your present employer? _____ yes _____ no

EMPLOYER: _____ Address: _____ Phone: _____

Dates Employed: ____ / ____ to ____ / ____ Job Title: _____ Supervisor: _____

Starting Pay: _____ Ending Pay: _____ Reason for leaving: _____

Work Performed: _____

May we contact your present employer? _____ yes _____ no

EMPLOYER: _____ Address: _____ Phone: _____

Dates Employed: ____ / ____ to ____ / ____ Job Title: _____ Supervisor: _____

Starting Pay: _____ Ending Pay: _____ Reason for leaving: _____

Work Performed: _____

May we contact your present employer? _____ yes _____ no

Include explanation of any gaps in employment: _____

Describe any specialized training, apprenticeship, and skills: _____

Additional Information-Other Qualifications (Summarized special job-related skills and qualifications acquired from employment or other experience).

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

<u>NAME</u>	<u>PHONE</u>	<u>BEST TIME TO CALL</u>	<u>OCCUPATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Statement

I certify that answers given herein are true and complete.

I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized person of this organization.

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 Channel Islands Beach CSD.

Signature of Applicant

Date