

# Housing Trust Fund of Santa Barbara County EMPLOYMENT APPLICATION

<b>Full Name:</b>		<b>Date:</b> (Mo/Day/Yr)	<b>Position(s) applied for:</b>		
<b>Address:</b>	Number	Street	City	State	ZIP
<b>Telephone:</b>		<b>Cell Phone:</b>		<b>E-mail:</b>	
List any other name, nickname, or alias you have used:					
Who referred you to us, or how did you hear about this position?					
Do you have any relative(s) currently employed at the Housing Trust Fund of Santa Barbara County? List 'N/A' is none. If yes, please list.				<b>Salary Desired:</b>	
<b>Type(s) of employment you are seeking:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem				<b>Date you can start:</b>	
<b>Education:</b>	<b>School name and location</b>		<b>No. of Years</b>	<b>Graduate or Degree/Diploma</b>	<b>Major/Minor</b>
High School					
Technical or Trade School					
College					
Post Graduate					
Describe any other special training and/or professional certifications or licenses that you have received:					
Please list any additional skills relevant for this position (for example: capital development, lending, investments, agency management, etc.).					
Please describe your level of proficiency in Computer Software Programs Microsoft Word, Excel, Outlook, or Other.					
<b>Work Experience.</b> This section must be completely filled out – a resume is not sufficient. Start with your <b>current or most recent position</b> , and account for all periods of employment (including full-time, part-time, and temporary) for the previous five years. Use additional pages if necessary.					
<b>1 Company:</b>		<b>Fm:</b> Mo / yr	<b>To:</b> Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<b>Address:</b>		<b>Supervisor's name:</b>		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
<b>Position:</b>				<b>EXPLANATION:</b>	
<b>Duties:</b>					
<b>2 Company:</b>				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<b>Address:</b>		<b>Supervisor's name:</b>		Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal	
<b>Position:</b>				<b>EXPLANATION:</b>	
<b>Duties:</b>					

<b>3</b> Company:	<b>Fm:</b>	<b>To:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Mo / yr	Mo / yr	
	<b>Address:</b>	Supervisor's name:	Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
	<b>Position:</b>		<b>EXPLANATION:</b>
<b>Duties:</b>	Phone number:		

<b>4</b> Company:	<b>Fm:</b>	<b>To:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Mo / yr	Mo / yr	
	<b>Address:</b>	Supervisor's name:	Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
	<b>Position:</b>		<b>EXPLANATION:</b>
<b>Duties:</b>	Phone number:		

Explain any periods of unemployment between the positions listed above: (You are not required to provide information about physical or mental disabilities or other medical information.)

**Professional References.** Please provide 3 professional references from persons who can provide feedback on your workplace performance in the last 5 years.

Name:	Company/Title:		
Relationship:	Phone number:	Email:	
Name:	Company/Title:		
Relationship:	Phone number:	Email:	
Name:	Company/Title:		
Relationship:	Phone number:	Email:	

**ADDITIONAL INFORMATION:**

Is there any reason why you would not be able to conform to our attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe
Do you have any commitments to another entity, business or person that might affect your employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe
Can you provide proof of authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed or may need accommodation.	
(Note: Our organization will comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants or employees to perform a position's essential functions.)	
Do you speak, write or understand any foreign languages that might apply to our work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language(s)?	

Is there anything else you would like us to know that will help us make a hiring decision?

REQUIREMENTS: To comply with the Americans with Disabilities Act of 1990 (ADA), which prohibits discrimination against qualified individuals based on disability, we are specifying the physical, mental, and environmental conditions of the Essential Duties of the job. The codes used to complete this section are: "F" for frequently; "O" for occasionally; "N" for not at all.)

**MENTAL:**

On the job the employee must be able to:

- (F) Read/comprehend
- (F) Write
- (F) Perform calculations
- (F) Communicate orally
- (F) Reason and analyze

( ) Other \_\_\_\_\_

**PHYSICAL:**

On the job the employee must:

- (O) Bend
- (O) Squat
- (N) Crawl
- (N) Climb
- (O) Kneel
- (O) Handle Objects (manual Dexterity)
- (O) Reach above shoulder level
- (F) Use fine finger movements
- ( ) Other

Must carry/lift loads of:

- (F) Light (up to 25lbs.) (O) Moderate (25-50lbs.) (N) Heavy (over 50lbs.)

**PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN BELOW**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery of the omission or misstatement. \_\_\_\_\_ (initials)

I authorize the Housing Trust Fund of Santa Barbara County, Inc. ("this organization") to investigate the information in this application and my resume, and further authorize any person or institution to provide our organization with records, information, and opinions that may be useful in making a hiring decision, and I release all such informants from all liability for any damage that may result from furnishing such information and opinion that is truthful or made in good faith. \_\_\_\_\_(initials)

If I become employed, I agree to abide by the rules, regulations, policies and procedures of this organization \_\_\_\_\_(initials)

I understand that nothing contained in the application, or conveyed during any employment interview, or during my employment, if hired, is intended to create an employment contract between me and this organization. In addition, I understand and agree that if I am employed, my employment is "at will" and for no definite or determinable period and may be terminated at any time, with or without cause or prior notice, at the option of either myself or this organization, and that no promises or representations contrary to the foregoing are binding on this organization unless made in writing and signed by me and the organization's designated representative. \_\_\_\_\_(initials)

I understand that I will be required to possess a valid California driver's license if my job requires me to drive in the course of my work. \_\_\_\_\_(initials)

If a public records search (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by this organization, I am entitled to copies of any such public records obtained unless I mark the check box below. If I am not hired because of such information, I am entitled to a copy of any such records even though I have checked the box below. \_\_\_\_\_(initials)

I waive receipt of a copy of any public record described in the paragraph above.

If offered employment, I understand that I will be required to review, complete and execute various employment documents, which may include but are not limited to this application, employee handbook and its receipt form, and confidentiality and non-disclosure agreements. I agree that the process of my being hired will not be complete until all required employment documents have been signed. \_\_\_\_\_ (initials)

I also understand that all other offers of employment are conditioned on this organization's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a post-offer medical examination and drug test when they are required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ADDENDUM:**

**TO BE USED ONLY IF APPLICABLE AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN MADE**

*We require the following information for the position for which you are applying. If you answer "yes," please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. **Our organization will not automatically deny employment to any applicant who has been convicted of a crime unless required by legal regulations. We will consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for. We will also keep the information confidential.***

Have you ever been convicted of a criminal offense (felony or misdemeanor)? You do not need to include:

- arrests without convictions
- misdemeanor convictions for marijuana-related offenses that are more than two years old
- referral to or participation in a pretrial or post-trial diversion program
- convictions that have been sealed, expunged or legally eradicated
- misdemeanor convictions for which probation was completed and the case was dismissed.
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Yes  No

**Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance?  Yes  No**