



CAMBRIA COMMUNITY SERVICES DISTRICT
P.O. Box 65 Cambria, California 93428 (805) 927-6223

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

INSTRUCTIONS: This application is part of the examination process. Failure to meet all the requirements enumerated in the announcement by the final filing date is cause for rejection. It is the applicant's responsibility to insure that the application is on file at the DISTRICT OFFICE no later than 4:00 p.m. on the final filing date. Late applications will be rejected. Postmarks are not accepted.

Please PRINT legibly in INK or type the information requested on this application.

1. _____ EXAM # _____
POSITION APPLYING FOR (Exact Title)

2. _____
NAME: (last) (first) (middle initial)

3. _____
MAILING ADDRESS (Number/PO Box) (Street)

(City) (State) (ZIP)

PHONE #: (Home Phone) (Work Phone)

5. **SOCIAL SECURITY NUMBER** _____ - _____ - _____

6. Are you 18 years of age or older? YES NO

7. Can you submit proof of age after employment? YES NO

8. **EDUCATION:** Applicants may be required to furnish proof of academic training by transcript or diploma. LAST HIGH SCHOOL ATTENDED _____

Did you graduate? YES NO

If not, do you have a GED Certificate? YES NO

RESUMES MAY BE ADDED, BUT CANNOT BE SUBSTITUTED FOR THIS SECTION.

College or University	Major/Minor	Units	Qtr or Sem	Degree	Date

Revised 2/15/05

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

10. Applicants for jobs requiring typing, please certify skill level:

Typing Speed _____ W.P.M. (Subject to verification)

11. Do you speak, read and write any language other than English? If so, please identify:

12. List driver's license number if required for job. _____

Expiration Date _____ Class Number _____

13. If applicable, any trade license or certificate:

Type: _____

Number: _____

Expiration Date: _____

14. **CONDITIONS OF EMPLOYMENT:** Would you accept:

- | | | |
|--|------------------------------|-----------------------------|
| Temporary Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Shift Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Weekend Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Part-time Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Full-time Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Night Work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Work with another local government agency? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

15. Please provide 3 references. Include their name, address and phone number.

A. _____

B. _____

C. _____

