



4400 Cathedral Oaks Road
 P.O. Box 6307
 Santa Barbara, California 93160-6307
 Direct Dial: 964-4710 plus extension
 (805) 964-4711 • FAX: (805) 964-4713

Application for Classified Employment

Equal Opportunity/Affirmative Action Employer

In compliance with State and Federal laws, the Santa Barbara County Education Office does not discriminate on the basis of sex, sexual orientation, age, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in the education programs or activities which it operates, in its employment practices, nor in the admission policies to its programs.

PERSONNEL COMMISSION

Telephone (805) 964-4711, Ext. 5212/5225

Santa Barbara County Education Office is a tobacco-free environment.

INSTRUCTIONS: Fill out both sides of this form completely. **TYPE OR PRINT.** Sign the form on the reverse side. This application and any attachments become the property of the Santa Barbara County Education Office Personnel Commission.

POSITION: _____ DATE: _____

How did you hear about this position? _____

Social Security Number _____ (In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The Social Security Number will be used for identification purposes to ensure that proper records are maintained.)

NAME _____
 Last First Middle

ADDRESS _____
 Number Street City State Zip

TELEPHONE: Home _____ Business or Message _____

1. Have you the legal right to work in the United States?
 (Identification will be required for employment eligibility verification, if hired.) Yes No
2. If applicable to position, do you possess a valid California Driver License? Yes No
 (Respond if required by the position.)
3. Were you ever previously employed by the Santa Barbara County Education Office?.... Yes No
4. Have you ever been a member of the Public Employees Retirement System?..... Yes No
5. Have you ever served in any branch of the military?..... Yes No
6. Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Office Use Only	
PE	_____
Oath	_____
1-9	_____
TB	_____
FP	_____
CA	_____

If you answer yes to questions 3, 4, 5, or 6 above, please explain. _____

7. Are you related to any board member or employee of SBCEO?
 If yes, name and relationship to you: _____
8. Are you related to any person whose company and/or agency provides contract services to SBCEO?
 If yes, name of person, company/agency and relationship to you: _____
9. Would you be interested in on-call substituting for special education programs? Yes No

LANGUAGES YOU SPEAK AND WRITE: _____

EDUCATION:
 List high school, colleges, licenses, certificates or other special training below:

Name of School	Course of Study	Diploma, Degree or Certificate

If you are applying for an Instructional or Teaching Assistant position, and have an associate degree or higher, or 48 semester units or more from an accredited United States college or university, you will need to provide us with your original transcripts or degree so we may take a copy. **Copies you make will not be accepted.**

DEAR APPLICANT:

All applicants are requested to complete this form in order to enable us to better evaluate the effects of our selection process. The data is confidential and will be used solely for research and statistical purposes and in no way affects any employment decision. In accordance with state law, **this form will be separated** from your employment application immediately upon receipt and the information contained will not be made available to any personnel involved in the hiring process. Your voluntary cooperation will be appreciated.

NAME _____ DATE _____
 Last First Middle

POSITION APPLIED FOR: _____

ETHNIC GROUP (Check one): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black not of Hispanic Origin <input type="checkbox"/> White not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Filipino	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Social Security No. _____	Do you have a disability which may limit your ability in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe accommodations needed: _____ _____ _____
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EXPERIENCE: List your last five jobs. Begin with the most recent. Also list relevant volunteer work. If necessary, use an additional sheet to describe your duties or other significant jobs. **A resume is not sufficient. A resume is considered a supplement to your application.**

FROM: MO: YR:	JOB TITLE	EMPLOYER:	
TO: MO: YR:	YOUR DUTIES:	ADDRESS:	
TOTAL TIME: MO: YR:		CITY / STATE / ZIP:	
PAY:		SUPERVISOR:	PHONE:
		REASON FOR LEAVING:	
FROM: MO: YR:	JOB TITLE	EMPLOYER:	
TO: MO: YR:	YOUR DUTIES:	ADDRESS:	
TOTAL TIME: MO: YR:		CITY / STATE / ZIP:	
PAY:		SUPERVISOR:	PHONE:
		REASON FOR LEAVING:	
FROM: MO: YR:	JOB TITLE	EMPLOYER:	
TO: MO: YR:	YOUR DUTIES:	ADDRESS:	
TOTAL TIME: MO: YR:		CITY / STATE / ZIP:	
PAY:		SUPERVISOR:	PHONE:
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PAY:		SUPERVISOR:	PHONE:
		REASON FOR LEAVING:	
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TO: MO: YR:	YOUR DUTIES:	ADDRESS:	
TOTAL TIME: MO: YR:		CITY / STATE / ZIP:	
PAY:		SUPERVISOR:	PHONE:
		REASON FOR LEAVING:	

USE THIS SPACE TO IDENTIFY ANY SPECIAL TRAINING OR EXPERIENCE THAT INDICATES QUALIFICATION FOR THE POSITION APPLIED FOR:

What equipment or machines can you operate? _____

Name, address and telephone number of person to notify in case of emergency:

List names, addresses and telephone numbers of two references other than relatives:

Employment is contingent upon completing requirements for Fingerprints (EC § 45125), Verification of Freedom from Tuberculosis (EC § 49406), Employment Eligibility Verification, and passing a job-related physical examination, if required.

CERTIFICATE OF APPLICANT:	I certify that all statements made in the application are true and complete to the best of my knowledge. I understand that any false statements of material facts may subject me to disqualification or dismissal.
DATE _____	SIGNATURE _____