



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
- Late
- Education
- Incomplete
- M.Q.s
- Experience
- Lic./Cert.
- Other

Date Notice Sent _____

Comments _____

Date Received

Received By

Number of Pages (not blank)

Entered by

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: _____

THIS PAGE INTENTIONALLY LEFT BLANK