

# Port San Luis Harbor District



Please return completed application to:

Port San Luis Harbor District  
3950 Avila Beach Drive  
P.O. Box 249  
Avila Beach, CA 93424

(805) 595-5400 x 10

## APPLICATION FOR EMPLOYMENT

(Please Print in Ink or Type)

1. Date: \_\_\_\_\_
2. Position Applied for: \_\_\_\_\_ Home Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Last First Middle
4. Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Number & Street City State Zip
5. In case of emergency, notify: \_\_\_\_\_  
Name Address Phone Number
6. Do you have a legal right to be permanently employed in the U.S.? Yes  No  At the time of appointment all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.
7. Are you now or have you ever been employed by the Port San Luis Harbor District? Yes  No   
 If yes, give date(s): \_\_\_\_\_
8. The Harbor District's policy generally prohibits employment at the Harbor District of a person closely related by blood or marriage to an employee. Do you have a first cousin or closer relative currently working for the Harbor District? Yes  No   
 If yes: Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_
9. Do you possess a valid Driver's License? Yes  No  State: \_\_\_\_\_ License No.: \_\_\_\_\_

### 10. EDUCATION/TRAINING

Have you graduated from High School or do you possess a GED? Yes  No

| Name and Location of College or University | Subject or Major | Units Completed |         | Title of Degree Awarded |
|--|------------------|-----------------|---------|-------------------------|
|  |                  | Semester        | Quarter |                         |
|  |                  |                 |         |                         |
|  |                  |                 |         |                         |
|  |                  |                 |         |                         |

List any training, certificates, licenses, computer, or language skills which directly relate to position applied for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 11. Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills.

|                          |                     |
|--------------------------|---------------------|
| Name of Reference: _____ | Relationship: _____ |
| Address: _____           | Phone No.: _____    |
| Name of Reference: _____ | Relationship: _____ |
| Address: _____           | Phone No.: _____    |

12. Rate of pay expected: \_\_\_\_\_ Full-time  Part-time
13. Are you able to perform the essential duties, with or without accommodations, of the position for which you are applying? Yes  No
14. How did you hear of this job opening? \_\_\_\_\_ (For Survey Purposes Only)

15. **EMPLOYMENT HISTORY.** List your employment for the past 10 years, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Check the Job Announcement for details on the qualifications the Harbor District is seeking.

Current/Most Recent Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date Started \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Month Day Year  
 Supervisor's Name/Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date Started \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Month Day Year  
 Supervisor's Name/Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date Started \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Month Day Year  
 Supervisor's Name/Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date Started \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Month Day Year  
 Supervisor's Name/Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

16. May we contact your current employer? Yes  No  Not currently employed  Past Employers? Yes  No   
 If No, please explain: \_\_\_\_\_

***Applicants may be required to undergo a pre-employment physical examination at the District's expense.***

**IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, CONTINUED EMPLOYMENT OF PERSONS HIRED BY THE PORT SAN LUIS HARBOR DISTRICT AFTER NOVEMBER 6, 1986, WILL BE CONTINGENT UPON PRESENTATION BY THE EMPLOYEE, PRIOR TO BEGINNING WORK, OF ACCEPTABLE DOCUMENTS VERIFYING IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES.**

**I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE THE DISTRICT ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.**

**I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. THIS APPLICATION MUST BE SIGNED IN INK AND DATED:**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Rev. 12/17