

EMPLOYMENT APPLICATION

1214 State Street, 6th Floor, Santa Barbara, CA 93101 • Phone (805) 899-3000

We will provide reasonable accommodation to any applicant with a disability who needs reasonable accommodation to complete this application or to fully participate in any aspect of the application or hiring process. To request a reasonable accommodation in the application process, the applicant or the applicant's representative should contact the Human Resources Department before filling out the application. Contact can be via telephone, email, regular mail or other communication method.

Name:		Date: (Mo/Day/Yr)	Position(s) applied for:	
Address:	Number	Street	City	State ZIP
Telephone(s): Home:		Cell Phone:	E-mail:	
List any other name, nickname, or alias you have used:		Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who referred you to us, or how did you hear about this position?		What languages do you speak and write fluently other than English? <input type="checkbox"/> None <input type="checkbox"/> The following:		
Type(s) of employment you are seeking:			Date you could start:	
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
If Temporary, what period of time will you be available? From: _____ to: _____				
What days and hours are you available to work? Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____			Would you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education:	School name and location	No. of years completed	Course of study	Type of Degree/Diploma received
High School				
College				
Technical or trade school				
Describe any other experience, special training and/or professional certifications, qualifications or skills that you feel make you especially suited for work at SBCPA:				
ADDITIONAL INFORMATION:				
Have you ever applied to or worked for SBCPA before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when?		
Why are you applying for work at SBCPA?		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		Please describe:		
If hired, would you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <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.				
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)				

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WORK EXPERIENCE: You must complete this section even if attaching a resume. Start with your **current or most recent position**, and account for all periods of employment (including full-time, part-time, and temporary) for the previous **five years**. Use additional pages if necessary.

1 Company:	From: To: Mo / yr Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
Position:	Supervisor's name:	EXPLANATION:
Duties:	Phone number:	

2 Company:	From: To: Mo / yr Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
Position:	Supervisor's name:	EXPLANATION:
Duties:	Phone number:	

3 Company:	From: To: Mo / yr Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Type of Business:
Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
Position:	Supervisor's name:	EXPLANATION:
Duties:	Phone number:	

4 Company:	From: To: Mo / yr Mo / yr	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Dismissal
Position:	Supervisor's name:	EXPLANATION:
Duties:	Phone number:	

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

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PLEASE READ EACH SECTION CAREFULLY BEFORE YOU INITIAL AND SIGN BELOW

(initials)	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 this application form. 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 discharge if I am employed, regardless of the time elapsed before discovery.
(initials)	I hereby authorize the Santa Barbara Center for the Performing Arts (SBCPA) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release SBCPA, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
(initials)	If I become employed, I agree to abide by the rules, regulations, policies and procedures of SBCPA.
(initials)	I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between me and SBCPA. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or SBCPA, and that no promises or representations contrary to the foregoing are binding on SBCPA unless made in writing and signed by me and SBCPA's Executive Director/President.
(initials)	If offered employment, I understand that I will be required to review, complete, and execute various employment documents, including but 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 employment documents have been signed.
(initials)	I understand that should I receive an offer of employment, it will be contingent upon and not limited to the results of pre-placement requirements, which may include a physical exam, drug test screening and a thorough background and reference check.
(initials)	I understand that in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the requirement employment eligibility verification document form upon hire.
(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.
A criminal background check will be performed only after a conditional job offer is made in accordance with the California Fair Chance Act.	
Signature:	Date:

cc: Employee's file