



Pacific Capital Management

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

APPLICANT INFORMATION

FIRST NAME	LAST NAME	DATE
ADDRESS	CITY	STATE & ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS
		POSITION APPLYING FOR

PERSONAL INFORMATION

HAVE YOU EVER APPLIED FOR OR WORKED FOR PACIFIC CAPITAL?

Yes No If yes, when? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR PACIFIC CAPITAL? Yes No If yes, state name(s) and relationship:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

IF HIRED WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION?

Yes No

DO YOU HAVE A VALID CALIFORNIA DRIVERS LICENSE (For driving positions only)?

Yes No

ARE YOU AT LEAST 18 YEARS OF AGE? (If under 18, hire is subject to verification that you are of minimum legal age.)

Yes No

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?

Yes No

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? (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.)

Yes No If no, describe the functions that cannot be performed.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed. (Note: No Applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Yes No If yes, state nature of the crime(s), when convicted, and disposition of the case.

ON WHAT DAY WOULD YOU BE AVAILABLE TO START WORK?

DO YOU HAVE ANY SCHEDULE LIMITATIONS?

Yes No If yes, please specify times you are not able to work in the chart below:

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

EDUCATION/TRAINING

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUS. SCHOOL				

EMPLOYMENT HISTORY

Please complete for all full-time or part-time employment **beginning with most recent employer**. All applicants should include active military assignments and voluntary employment and provide (10) years of history. You may explain any gaps in your employment.

MOST RECENT EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	JOB TITLE
	REASON FOR LEAVING			
2ND EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	JOB TITLE
	REASON FOR LEAVING			
3RD EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	JOB TITLE
	REASON FOR LEAVING			
4TH EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	JOB TITLE
	REASON FOR LEAVING			
5TH EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	JOB TITLE
	REASON FOR LEAVING			

REFERENCE

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE.

REFERENCE 1	FIRST NAME	LAST NAME	PHONE	# OF YEARS ACQUAINTED
	COMPANY		OCCUPATION	
	ADDRESS		CITY	STATE & ZIP
REFERENCE 2	FIRST NAME	LAST NAME	PHONE	# OF YEARS ACQUAINTED
	COMPANY		OCCUPATION	
	ADDRESS		CITY	STATE & ZIP
REFERENCE 3	FIRST NAME	LAST NAME	PHONE	# OF YEARS ACQUAINTED
	COMPANY		OCCUPATION	
	ADDRESS		CITY	STATE & ZIP

Applicant Acknowledgement and Authorization

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ 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. 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.

_____ I hereby authorize Pacific Capital to thoroughly investigate my references, work record; education and other matters related to my suitability for employment and, 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 the Company, 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.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. 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 the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

_____ I understand that the Company does have a drug-free workplace and a drug and/or alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment(post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

I waive receipt of a copy of any public record described in the paragraph above.

APPLICANT'S SIGNATURE _____

DATE _____

Name and number of person completing this form if other than applicant: _____

Pacific Capital is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.