



Theatre By the Beach

OCEANVIEW Pavilion

Dorill B. Wright Cultural Center

575 E. SURFSIDE DRIVE, PORT HUENEME, CA 93041 (805) 986-4818 - WWW.OCEANVIEWINFO.COM

Employee's of the Oceanview Health Centers, Inc. and applicants For employment shall be afforded equal opportunity in all aspects Of Employment without regard to race, color, religion, political Affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by Calling the agency to which you are applying.

1. Position Applied For: _____ 2. Agency: _____

3. Full Legal Name: _____

4. Address: _____ 5. Home Phone: _____

6. Cell Phone: _____

7. SSN: _____ 8. Email Address: _____

Education

1. Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Graduated _____

2. If you did not complete high school, do you have a high school equivalency diploma? Y N

3. Circle the number of years of education after High School 1 2 3 4 5 6 7 8

Name of Location of Institution	Degree Received	Major or Specialty	Minor	Dates Attended

Seeking: Full-time or Part-time Requested Salary: _____

Computer/Word Processing equipment used (specify equipment and computer usage) _____

Typing Speed _____ words per minute

License (to include driver's), certificate or other authorization to practice a trade profession.

Type	License Number	Granted by (Licensing Board)

10. REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. EMPLOYMENT HISTORY (please use attached sheet to complete this section and be thorough)

12. MISCELLANEOUS

- A. Check which shift you will accept _____ Day _____ Afternoons _____ Evenings _____ Weekends
- B. Check which job status you will accept _____ Full-time _____ Part-time
- C. Check with employment status you will accept _____ Salaried _____ Hourly
- D. Are you willing to accept employment that requires you to travel? _____ Yes _____ No
- E. List the geographic locations in which you are willing to work. _____
- F. Are you willing to provide your own transportation if necessary for your employment? _____
- G. Have you ever been convicted for any violations of law, including moving traffic violations?
Yes _____ No _____

If YES, Description of offense: _____

Statute or ordinance (if known) _____ Date of Charge: _____ Date of Conviction: _____

County, City, State of Conviction: _____

- H. Are you a non-smoker? _____ Yes _____ No

13. When will you be available to start employment? _____

14. CERTIFICATION—Each application requires current date and original signature

I hereby certify that all entries on both sides and attached sheet are true and complete, and I agree and understand That any falsification of information herein, regardless of time and discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and Educational institutions listed regarding this application. I further authorize Oceanview Pavilion to rely upon and use , as it sees fit, any information received from such contacts. Information contained on this application may be Disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head of designee.

Applicant Signature: _____ Date: _____

Experience— List most recent employer first and be very detailed

A. Job Title _____ Employer _____

Address _____

Type of Business _____ Phone _____

Supervisor/Title _____ Duties _____

Dates (mo/yr) _____ to _____

Salary (Start) _____ Finish _____

Circle One Full-time Part-time Hours/Week _____

B. Job Title _____ Employer _____

Address _____

Type of Business _____ Phone _____

Supervisor/Title _____ Duties _____

Dates (mo/yr) _____ to _____

Salary (Start) _____ Finish _____

Circle One Full-time Part-time Hours/Week _____

C. Job Title _____ Employer _____

Address _____

Type of Business _____ Phone _____

Supervisor/Title _____ Duties _____

Dates (mo/yr) _____ to _____

Salary (Start) _____ Finish _____

Circle One Full-time Part-time Hours/Week _____

D. Job Title _____ Employer _____

Address _____

Type of Business _____ Phone _____

Supervisor/Title _____ Duties _____

Dates (mo/yr) _____ to _____

Salary (Start) _____ Finish _____

Circle One Full-time Part-time Hours/Week _____