

Port San Luis Harbor District

ACCOUNTING SUPERVISOR

Please return completed application to:

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



Or email completed, signed application to:
careers@portsanluis.com

Application Deadline

October 7, 2022 4:30 PM

Or before if enough qualified applications received

APPLICATION FOR EMPLOYMENT

(Please Print in Ink or Type)

- Date: _____
- Position Applied for: ACCOUNTING SUPERVISOR Email: _____
- Name: _____ Cell Phone: _____
Last First M.I.
- Mailing Address: _____
Number & Street City State Zip
- In case of emergency, notify: _____
Name Address Phone Number
- 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.
- Are you now or have you ever been employed by Port San Luis Harbor District? Yes No
- The District's policy states that relatives of employees or any member of the Board of Commissioners will not be eligible for employment with the District where there may exist problems of supervision, safety, security, or morale, or where there are potential conflicts of interest. Do you have a relative currently working for the Harbor District? Yes No
If yes: Name of Relative: _____ Relationship: _____
- Do you possess a valid Driver's License? Yes No State: _____ License No.: _____
- EDUCATION/TRAINING**

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:

- Compensation expected: _____ Full-time Part-time
- I have read the Accounting Supervisor Job Description and the Job Flyer. I understand that Port San Luis Harbor District is a CA Independent Special District and, as such, is bound by CA state laws that apply to cities, counties, and other forms of local government, as well as audits of district finances and regulatory compliance of its operations. Yes No
- I have read the Accounting Supervisor Job Description and the Job Flyer. I agree that I am able to perform the essential duties, with or without accommodations, of the position of Accounting Supervisor. Yes No
- 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: _____

Candidates may be required to undergo a post-offer physical examination and detailed background investigation at the District's expense prior to beginning work.

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 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. 9/22

