

CITY OF SAN PABLO

13831 San Pablo Avenue, Bldg. 1
 San Pablo, CA 94806
 www.ci.san-pablo.ca.us



AN EQUAL OPPORTUNITY/DRUG-FREE WORKPLACE EMPLOYER

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS - Please read carefully: Please fill out this form completely on both sides as it will assist us in evaluating your application thoroughly. Completing this application is a part of the examination process. If you need more space, attach a separate sheet. Applicants must complete in sufficient detail and submit the official application form and other required supporting documents on or prior to the designated filing deadline. Resumes may be attached to the completed official application form but will not be accepted in lieu of a completed form. A separate application is required for each position desired. The City will make reasonable efforts in the recruitment/examination process to accommodate applicants with disabilities. If you have need for an accommodation, please call the Human Resources Division at (510)215-3086.

Name _____ Position Applied for _____

Last
First
Middle

Address _____

No. & Street
City
State
Zip Code

Home Phone () _____ Business Phone () _____

Circle Highest Grade Completed: 6 7 8 9 10 11 12 Did you receive a High School Diploma? [] Yes [] No G.E.D. []

Name & Location of College or University	Major Subject	Dates Attended		Credits Completed		Degree Earned & Date of Graduation
		From	To	Sem. Units	Qtr. Units	

Licenses or Certificates obtained which relate to the position for which you are applying for::	Clerical & Secretarial positions only: Typing Speed- Shorthand Speed-
What languages other than English do you speak, write, read or understand?	If not a U.S. Citizen, do you have a work permit from the INS? [] Yes [] No If hired, you will be required to submit proof of permission to work pursuant to Federal Law.
Are you over 18? [] Yes [] No	Driver's Lic. #: State: Exp.Date:
Are there any reasons you may have difficulty in performing any of the major duties of the job for which you have applied? If so, please explain briefly.	Have you ever worked for the City? [] Yes [] No If yes, please list your name at that time if different from the name on this application: Are you related to any person employed by the City? [] Yes [] No If yes, please list name and relationship:
Have you ever been convicted of any charges other than minor traffic citations [] Yes [] No If yes, give dates & briefly discuss. Conviction is not an automatic bar to employment. Each case is considered individually, based upon job you are applying for. You need not disclose "convictions for violation of subdivision (b) or (c) of Sect 11357 of the Health & Safety Code or a statutory predecessor thereof, or subdivision (c) of Sect 11360, or Section 11364, 11365, or 11550 of the Health & Safety Code as they related to marijuana prior to 1/1/76 or statutory predecessor thereof, that are more than 2 years old.	Machines or equipment you can operate (relevant to the job you are applying for):

Please list all jobs you have held and periods of unemployment in the last ten years. Begin with your present or most recent position. Use additional sheets if necessary.

Name/Address/Telephone No. of Employer: From: To: Salary:	Job Title: Duties:	No.of Employees Supervised:
Name of Supervisor:	Reason for Leaving:	
Name/Address/Telephone No. of Employer: From: To: Salary:	Job Title: Duties:	No.of Employees Supervised:
Name of Supervisor:	Reason for Leaving:	
Name/Address/Telephone No. of Employer: From: To: Salary:	Job Title: Duties:	No.of Employees Supervised:
Name of Supervisor:	Reason for Leaving:	
Name/Address/Telephone No. of Employer: From: To: Salary:	Job Title: Duties:	No.of Employees Supervised:
Name of Supervisor:	Reason for Leaving:	
Name/Address/Telephone No. of Employer: From: To: Salary:	Job Title: Duties:	No.of Employees Supervised:
Name of Supervisor:	Reason for Leaving:	
May we contact employers you have listed regarding your qualifications, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain.		

CERTIFICATION - Read Carefully Before Signing

I certify that all statements made in this Application are true & complete. I authorize investigation of all matters herein contained. I agree & understand that any misrepresentation, omission, & falsification of a material fact may be a justification for rejection of my application, refusal of employment, removal of my name from an Eligibility List, &/or dismissal from employment with the City of San Pablo. I agree to undergo a complete background investigation, including fingerprinting and if assigned in the Police Department, undergo a pre-employment polygraph evaluation. Once offered a job, I agree to undergo a physical examination which includes drug screening and TB testing, by a City Physician & fully understand that employment is contingent upon meeting the City's job-related physical requirements. In addition, once offered a job assigned in the Police Department, I agree to a psychological evaluation. If employed I agree to furnish verification of my identity & legal right to work in the U.S. & to take any loyalty oath required by State Law. I also authorize the employers, schools, individuals named above to provide any additional information regarding my qualifications & character. I hereby RELEASE, HOLD HARMLESS, AND COVENANT NOT TO SUE, the City of San Pablo, its officials or employees, from any and all claims, damages, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Signature of Applicant

Date

**CITY OF SAN PABLO
APPLICANT TRACKING QUESTIONNAIRE**

To assist us in evaluating the effectiveness of our Equal Employment Opportunity efforts, the City of San Pablo requests that each applicant provide the following information voluntarily. This will be detached from your application, will be kept confidential, will be utilized for research purposes only, and will not be used for selection decisions.

Position Applied For:	Date:
Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>

Please Check One:

- American Indian or Alaskan Native**
 A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**
 A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American**
 A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino**
 A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander**
 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White**
 A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

How did you first learn of this employment opportunity?

	Newspaper, please indicate -
	Agency, please indicate -
	Referral, from whom?
	Walk-in
	Job hot-line
	If you first learned of this opportunity in another way, please explain -