

APPLICATION FOR EMPLOYMENT



City of San Fernando
City Hall, 117 Macneil Street
San Fernando, CA 91340
Job Hotline: (818) 898-1200 ext. 503
www.sfcity.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

(PLEASE PRINT)

Position Applied For: _____

Date: _____

How Did You Learn About this Job Opening?

() Employment Agency () City Employee () Job Hotline () Bulletin Board () School
() Ad or News Story in _____ () Other _____

Last Name

First Name

Middle Name

Number

Street

City

State

ZipCode

Home Phone

()

Business Phone

()

Cell Phone

()

E-Mail Address: _____

Driver's License No. _____ State _____ Exp. Date _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ()Yes ()No

Are you currently employed? ()Yes ()No

May we contact your present employer? ()Yes ()No

Can you, after employment, submit verification of your legal right to work in the U. S.? ()Yes ()No

Are you available to work: ()Full Time ()Part Time ()Shift ()Temporary

Are you related to anyone working for the City of San Fernando? ()Yes ()No

If Yes, Name(s): _____ Relationship: _____

Have you ever been fired or asked to resign? ()Yes ()No

If Yes, please explain _____

Have you been convicted of a felony within the last 7 years? ()Yes ()No

(Conviction will not necessarily disqualify an applicant)

If Yes, please explain _____

Do you claim Veteran's credit in accordance with City laws? ()Yes ()No

If Yes, date of active service in the U.S. military: _____

From _____ To _____ Branch _____ Serial No. _____

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Education

High School Graduate? Yes No

If NO, highest grade completed in High School: _____ GED Certificate Yes No

	Name and Address of School	Course of Study	Years Attended	Date Graduated & Degree Earned
Undergraduate College(s)				Month/Year:
				Degree Earned:
Graduate Professional				Month/Year:
				Degree Earned:
Other (Specify)				Month/Year:
				Degree Earned:

Employment Experience

List all jobs you have held in the last ten years beginning with your present or last job. Include earlier experience which may qualify you for the position. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need an additional space, please continue on a separate sheet.

Employer		Dates Employed		Hours Per Week	Total Months Worked	Hourly Rate/ Salary	
		From (mm/dd/yy)	To (mm/dd/yy)			Starting	Final
Address							
Supervisor's Name	Phone Number	Summary of Work Performed					
Your Job Title							
Reason for Leaving							

Last Name:

First Name:

Employer		Dates Employed		Hours Per Week	Total Months Worked	Hourly Rate/ Salary	
		From (mm/dd/yy)	To (mm/dd/yy)			Starting	Final
Address							
Supervisor's Name	Phone Number	Summary of Work Performed					
Your Job Title							
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Employer		Dates Employed		Hours Per Week	Total Months Worked	Hourly Rate/ Salary	
		From (mm/dd/yy)	To (mm/dd/yy)			Starting	Final
Address							
Supervisor's Name	Phone Number	Summary of Work Performed					
Your Job Title							
Reason for Leaving							

Specialized Skills**(Check Skills/Equipment Operated)**

<input type="checkbox"/> Typewriter	<input type="checkbox"/> Excel	For Clerical positions: Typing Speed _____ Shorthand Speed _____
<input type="checkbox"/> Fax	<input type="checkbox"/> Access	
<input type="checkbox"/> Computer	<input type="checkbox"/> PowerPoint	Other Skills (list): _____ _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word	
<input type="checkbox"/> Internet		

If this position requires a special license or certificate, list those which you possess and give dates of expiration.

License/Certificate _____	Date Issued _____	Date Expires _____
License/Certificate _____	Date Issued _____	Date Expires _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (See job bulletin for the job requirements)

_____ YES _____ NO

Professional References

1.	_____	_____	_____	_____	_____
	Name	Job Title		Phone #	
	_____	_____	_____	_____	_____
	Name of Employer	Address	City	State	Zip Code

2.	_____	_____	_____	_____	_____
	Name	Job Title		Phone #	
	_____	_____	_____	_____	_____
	Name of Employer	Address	City	State	Zip Code

3.	_____	_____	_____	_____	_____
	Name	Job Title		Phone #	
	_____	_____	_____	_____	_____
	Name of Employer	Address	City	State	Zip Code

Applicant's Statement

I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that misstatement or omission of material fact may cause forfeiture on my part of all rights to employment by this City. I authorize investigation of all statements contained herein for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date

CITY OF SAN FERNANDO

SURVEY SHEET

Please complete this form and submit it with your application. Completing this form is **voluntary**. If you do not complete the form, your employment opportunities will not be affected in any way. The Uniform Guidelines on Employee Selection Procedures, §4A, require that we keep records which will show the impact our selection procedures have upon the employment opportunities of applicants. We need this survey information to evaluate our affirmative action efforts and to determine if our employment practices adversely affect any group of people.

This Survey Sheet will be removed from your application and kept separate and confidential. This information will not be made available to anyone involved in the hiring process. No employment decision will be made based on any information you provide in this survey. Your cooperation in providing this information is sincerely appreciated.

TITLE OF POSITION APPLIED FOR: _____

ETHNIC BACKGROUND:
(Please check one)

White
(All persons having origins in any of the original peoples of Europe, North Africa or the Middle East).

Black
(All persons having origins in any of the black racial groups of Africa).

Hispanic
(All persons of Mexican, Cuban, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race).

Asian or Pacific Islander
(All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa).

American Indian or Alaskan Native
(All persons having origins in any of the original peoples of North America and who maintains cultural identification through community recognition or tribal affiliation).

Other If this category is checked, indicate specific ethnic group with which you identify:

AGE: Are you forty years of age or older? YES NO

DISABILITY: Do you consider yourself disabled? YES NO

If yes, please explain: _____

RELIGION: _____ **SEX:** FEMALE MALE

PLEASE PRINT: _____
NAME

DATE

CITY WHERE YOU LIVE

STATE and ZIP CODE