

APPLICATION FOR EMPLOYMENT		OFFICE USE ONLY	
<i>The City of San Fernando considers 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.</i>			
PLEASE PRINT			
POSITION APPLIED FOR		DATE	
TITLE			
		RECEIVED BY	TIME
HOW DID YOU LEARN ABOUT THIS JOB OPENING?			
<input type="checkbox"/> Employment Agency <input type="checkbox"/> City Employee <input type="checkbox"/> Job Hotline <input type="checkbox"/> Bulletin Board <input type="checkbox"/> School <input type="checkbox"/> Ad or News Story In _____ <input type="checkbox"/> Other _____			
PERSONAL INFORMATION			
LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS		CITY	STATE, ZIP CODE
HOME PHONE ()	BUSINESS PHONE ()		CELL PHONE ()
DRIVER LICENSE NO.	STATE & EXPIRATION DATE		EMAIL ADDRESS
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer <input type="checkbox"/> Yes <input type="checkbox"/> No Can you, after employment, submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift <input type="checkbox"/> Temporary Are you related to anyone working for the City of San Fernando? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name(s): _____ Relationship: _____ Have you ever been fired or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ Do you claim Veteran's credit in accordance with City laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of active service in the U.S. military: From _____ To _____ Branch _____ Serial No. _____			
FOREIGN LANGUAGES			
<i>Indicate any foreign languages you can speak, read and/or write</i>			
LANGUAGE		LANGUAGE	
<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair		<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	
SPECIALIZED SKILLS			FOR SECRETARIAL POSITIONS:
<i>Check Skills/Equipment/Software Operated</i>			
<input type="checkbox"/> Typewriter <input type="checkbox"/> Fax <input type="checkbox"/> Computer <input type="checkbox"/> Calculator <input type="checkbox"/> Internet <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint Other Skills (list): _____			TYPING SPEED SHORTHAND SPEED

LAST NAME		FIRST NAME		
SPECIAL LICENSE OR CERTIFICATE				
<i>If this position requires a special license or certificate, list those which you possess and give expiration dates</i>				
LICENSE/CERTIFICATE		DATE ISSUED		DATE EXPIRES
LICENSE/CERTIFICATE		DATE ISSUED		DATE EXPIRES
EDUCATION				
High School Graduate?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, highest grade completed in High School: _____				
GED Certificate?				<input type="checkbox"/> Yes <input type="checkbox"/> No
UNDERGRADUATE COLLEGE(S) <small>(Name and Address of School)</small>	COURSE OF STUDY		YEARS ATTENDED	
	DATE GRADUATED (Month & Year)		DEGREE EARNED	
GRADUATE PROFESSIONAL <small>(Name and Address of School)</small>	COURSE OF STUDY		YEARS ATTENDED	
	DATE GRADUATED (Month & Year)		DEGREE EARNED	
OTHER - SPECIFY <small>(Name and Address of School)</small>	COURSE OF STUDY		YEARS ATTENDED	
	DATE GRADUATED (Month & Year)		DEGREE EARNED	
EMPLOYMENT EXPERIENCE				
<i>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.</i>				
EMPLOYER		DATES EMPLOYED		TOTAL MONTHS WORKED
		FROM <small>(mm/dd/yyyy)</small>	TO <small>(mm/dd/yyyy)</small>	
ADDRESS		HOURS PER WEEK		
CITY	STATE, ZIP CODE	SUMMARY OF WORK PERFORMED		
SUPERVISOR'S NAME	PHONE NUMBER ()			
YOUR JOB TITLE				
REASON FOR LEAVING				

LAST NAME		FIRST NAME			
EMPLOYER		DATES EMPLOYED		HOURS PER WEEK	TOTAL MONTHS WORKED
		FROM (mm/dd/yy)	TO (mm/dd/yy)		
ADDRESS					
CITY	STATE, ZIP CODE	SUMMARY OF WORK PERFORMED			
SUPERVISOR'S NAME		PHONE NUMBER ()			
YOUR JOB TITLE					
REASON FOR LEAVING					
EMPLOYER		DATES EMPLOYED		HOURS PER WEEK	TOTAL MONTHS WORKED
		FROM (mm/dd/yy)	TO (mm/dd/yy)		
ADDRESS					
CITY	STATE, ZIP CODE	SUMMARY OF WORK PERFORMED			
SUPERVISOR'S NAME		PHONE NUMBER ()			
YOUR JOB TITLE					
REASON FOR LEAVING					
EMPLOYER		DATES EMPLOYED		HOURS PER WEEK	TOTAL MONTHS WORKED
		FROM (mm/dd/yy)	TO (mm/dd/yy)		
ADDRESS					
CITY	STATE, ZIP CODE	SUMMARY OF WORK PERFORMED			
SUPERVISOR'S NAME		PHONE NUMBER ()			
YOUR JOB TITLE					
REASON FOR LEAVING					

LAST NAME	FIRST NAME
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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

NAME	JOB TITLE	PHONE NUMBER	
NAME OF EMPLOYER	ADDRESS	CITY	STATE, ZIP CODE
NAME	JOB TITLE	PHONE NUMBER	
NAME OF EMPLOYER	ADDRESS	CITY	STATE, ZIP CODE
NAME	JOB TITLE	PHONE NUMBER	
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.

ELECTRONIC SIGNATURE: By placing my initials below, I hereby certify that I have affixed my electronic signature and agree to provide a wet signature upon request.

APPLICANT SIGNATURE	DATE
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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.

POSITION APPLIED FOR

TITLE

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: _____*

RELIGION

SEX

What is your gender? Female Male

AGE

Are you forty years of age or older? Yes No

DISABILITY

Do you consider yourself disabled? Yes No

If Yes, please explain _____

APPLICANT INFORMATION

NAME	DATE
CITY WHERE YOU LIVE	STATE, ZIP CODE