

APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

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.

PLEASE PRINT

POSITION APPLIED FOR

DATE

TITLE

RECEIVED BY _____ TIME _____

HOW DID YOU LEARN ABOUT THIS JOB OPENING?

- Employment Agency
 City Employee
 Job Hotline
 Bulletin Board
 School
 Ad or News Story In _____
 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? 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 _____

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. _____

FOREIGN LANGUAGES

Indicate any foreign languages you can speak, read and/or write

LANGUAGE	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	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"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

SPECIALIZED SKILLS

Check Skills/Equipment/Software Operated

- Typewriter Fax Computer Calculator
 Internet Word Excel Access PowerPoint

Other Skills (list): _____

FOR SECRETARIAL POSITIONS:

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/yyyy)	TO (mm/dd/yyyy)		
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/yyyy)	TO (mm/dd/yyyy)		
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/yyyy)	TO (mm/dd/yyyy)		
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