

APPLICATION FOR EMPLOYMENT

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.

OFFICE USE ONLY

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

LAST NAME	FIRST NAME		
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) <input type="checkbox"/> Yes <input type="checkbox"/> No 			
PROFESSIONAL REFERENCES			
NAME	JOB TITLE	PHONE NUMBER ()	EXTENSION
NAME OF EMPLOYER	ADDRESS	CITY	STATE, ZIP CODE
NAME	JOB TITLE	PHONE NUMBER ()	EXTENSION
NAME OF EMPLOYER	ADDRESS	CITY	STATE, ZIP CODE
NAME	JOB TITLE	PHONE NUMBER ()	EXTENSION
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

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