

AN EQUAL OPPORTUNITY EMPLOYER CITY OF CAPITOLA RECREATION DEPARTMENT APPLICATION FOR EMPLOYMENT

Return To: 4400 Jade St., Capitola, CA 95010 831.475.5935 • www.cityofcapitola.org/recreation • Use Ink, type or complete on-line

• Applications not completed thoroughly, accurately and legibly may be disqualified

• Applicants requesting an accommodation please contact the Human Resources Office

Name (Last, First, Middle Initial):									
Mailing Address (Street/City/State/ZIP Code):							I		
mail Address: Telephone:									
Do you have a valid driver's license now? Yes No Do Driver's License #:									
Have you previously been employed by the Cit	v? Yes □ No □								
Were you in Armed Forces? Yes \Box No \Box						From:	To:		
EDUCATION: Check the appropriate box, if y									
High School Diploma 🗆 G.E.D. Certificate	California High	School P	rociency Co	ertificate 🗆					
Check highest grade completed	1 2 3 4 5 6				ge 1	2 3 4	Post	Graduate Work	
								years	
Colleges, Universities, Vocational Technical Schools Attended	City/State	Majo	or or	Total Units			Degree or Certificat		Attended
Technical Schools Attended		Course	of Study	Semester	Qu	arter		From	То
Professional licenses or registrations held:									
Typewriting speed: Other mac	nines you operate:								
Do you speak any language other than English	? Yes □ No □	If yes, v	which ones:						
Will you accept temporary work? Yes □ 1	No 🗆 Will you acc	ept part-t	ime work?	Yes 🗆 No 🛛					
List any volunteer services which may be related	ed to the position for	which yo	u are apply	ing (List in detai	l, use a	additional p	ages, if necessary):		
	• • • • • • • • • • • • • • • • • • • •								
Have you ever been convicted by a court for an	ny offense after the ag	ge of 18?	Yes 🗆	No 🗆					
Additional information:									

Certificate of Applicant (Read Carefully Before Signing)

AGREEMENT: I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. If required, I agree to undergo a physical examination if a job offer is made and understand that employment is contingent upon meeting the City's physical requirements. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and the City from any liability for damages for receiving or releasing information. If requested, I agree to be fingerprinted. I further agree to furnish proof of citizenship or right to work.

Signature _



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				Title of position for which you are applying: Today's Date:					
Mailing Address (Street/City/State/ZIP Code):									
Email Address:					Telep	phone:			
	you have a valid driver's license now? Yes No Driver's License #:								
If yes, what kind?									
Have you previously been employed by the Cir					Ener		Τ		
Were you in Armed Forces? Yes \Box No \Box EDUCATION: Check the appropriate box, if σ					F1011	u	To:		
High School Diploma G.E.D. Certificate		•	ncy Ce	ertificate 🗖					
Check highest grade completed	1 2 3 4 5 6				ge 1 2 3	4	Post G	raduate Work	
Check ingliest grade completed							10500	years	
Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or		Total Units			Degree or Certificate		Attended
Technical Schools Attended		Course of St	udy	Semester	Quarter			From	То
Professional licenses or registrations held:									
Typewriting speed: Other mac	hines you operate:								
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EMPLOYMENT RECORD

Beginning with your present or most recent job show a complete record of your last five (5) places of employment. Please complete the following section in detail. This information may be used in a competitive screening process.

From:	To:	Job title or occupation:	Highest salary earned:
Employer's name	and address:		Reason for leaving:
Supervisor's name	:		Full time \Box Part time \Box
Description of dut	ies:		

From:	To:	Job title or occupation:	Highest salary earned:
Employer's name	and address:		Reason for leaving:
Supervisor's name	:		Full time Part time
Description of dut	ies:		

From:	To:	Job title or occupation:	Highest salary earned:
Employer's name	and address:		Reason for leaving:
Supervisor's nam	e:		Full time \Box Part time \Box
Description of du	ties:		

From:	To:	Job title or occupation:	Highest salary earned:
Employer's name	and address:		Reason for leaving:
Supervisor's name	:		Full time □ Part time □
Description of dut	ies:		

From:	To:	Job title or occupation:	Highest salary earned:
Employer's name	and address:		Reason for leaving:
Supervisor's name	2:		Full time Part time
Description of dut	ies:		

APPLICANT CHARACTERISTICS QUESTIONNAIRE

This sheet is detached prior to the processing of your application. The information below will be used only for statistical purposes in evaluating the effectiveness of our equal employment efforts. Completion of this section is voluntary and will not be used to evaluate your qualifications.

POSIT	ION	APPLIED FOR: _						DATE:
		Male Female	А	GE:		17 & Under 22 to 39		18 to 21 40 and over
ETHN	IC O	RIGIN:						
1.		White (not Hisp Europe, North A					in any o	of the original peoples of
2.		Black (not of Hi Africa.	oanic origin	ı): All	pers	ons having origi	ns in an	y of the Black racial groups of
3.		- ·					n, Centra	al or South American, or other
4.		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 Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.						
5.		American India	or Alaska , and who r	n Na	tive:	All persons havi	ing origi	ns in any of the original peoples ough tribal affiliation or
		HUMAN	RESOUI	RCE	S R	ECRUITM	ENT S	SOURCE
I learn	ed ab	out this job openi	g through (o	check	one o	or more):		
A.		The City's Perso	nel Departı	nent				
B.		A friend or relat	e					
		A City employee						
						etin board. Whe	re?	
		An organization						
F.								
G.		Internet. Which	'eb site?					······
H.		Other. Please sp						

Please contact Human Resources if you require special accommodations during the examination process.

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