



**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):			Title of position for which you are applying:			Today's Date:				
Mailing Address (Street/City/State/ZIP Code):										
Email Address:						Telephone:				
Do you have a valid driver's license now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind? _____						Driver's License #:				
Have you previously been employed by the City? Yes <input type="checkbox"/> No <input type="checkbox"/>										
Were you in Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____ From: _____ To: _____										
EDUCATION: Check the appropriate box, if you possess one of the following:										
High School Diploma <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> California High School Prociency Certificate <input type="checkbox"/>										
Check highest grade completed			1 2 3 4 5 6 7 8 9 10 11 12			College 1 2 3 4			Post Graduate Work	
			□ □ □ □ □ □ □ □ □ □ □ □			□ □ □ □			_____ years	
Colleges, Universities, Vocational Technical Schools Attended		City/State	Major or Course of Study		Total Units Completed Semester Quarter		Degree or Certificate		Dates Attended From To	
Professional licenses or registrations held:										
Typewriting speed: _____ Other machines you operate:										
Do you speak any language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which ones: _____										
Will you accept temporary work? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you accept part-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>										
List any volunteer services which may be related to the position for which you are applying (List in detail, use additional pages, if necessary):										
_____										
_____										
_____										
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 \_\_\_\_\_ Date \_\_\_\_\_

# 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:	
Employer's name and address:			Reason for leaving:
Supervisor's name:			Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Description of duties:			
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From:	To:	Job title or occupation:	
Employer's name and address:			Reason for leaving:
Supervisor's name:			Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Description of duties:			
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From:	To:	Job title or occupation:	
Employer's name and address:			Reason for leaving:
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Description of duties:			
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From:	To:	Job title or occupation:	
Employer's name and address:			Reason for leaving:
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Description of duties:			
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From:	To:	Job title or occupation:	
Employer's name and address:			Reason for leaving:
Supervisor's name:			Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Description of duties:			
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## 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.*

POSITION APPLIED FOR: _____		DATE: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE: <input type="checkbox"/> 17 & Under <input type="checkbox"/> 18 to 21 <input type="checkbox"/> 22 to 39 <input type="checkbox"/> 40 and over		
<p>ETHNIC ORIGIN:</p> <ol style="list-style-type: none"> <li>1.   <input type="checkbox"/> <b>White</b> (not Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</li> <li>2.   <input type="checkbox"/> <b>Black</b> (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.</li> <li>3.   <input type="checkbox"/> <b>Hispanic</b>: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</li> <li>4.   <input type="checkbox"/> <b>Asian or Pacific Islander</b>: 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.</li> <li>5.   <input type="checkbox"/> <b>American Indian or Alaskan Native</b>: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</li> </ol>			
<h3>HUMAN RESOURCES RECRUITMENT SOURCE</h3>			
<p>I learned about this job opening through (check one or more):</p> <ol style="list-style-type: none"> <li>A.   <input type="checkbox"/> The City's Personnel Department</li> <li>B.   <input type="checkbox"/> A friend or relative</li> <li>C.   <input type="checkbox"/> A City employee</li> <li>D.   <input type="checkbox"/> A job announcement or poster on a bulletin board. Where? _____</li> <li>E.   <input type="checkbox"/> An organization or group. Which one? _____</li> <li>F.   <input type="checkbox"/> An ad in a newspaper or publication. Which one? _____</li> <li>G.   <input type="checkbox"/> Internet. Which web site? _____</li> <li>H.   <input type="checkbox"/> Other. Please specify. _____</li> </ol>			

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

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