

## AN EQUAL OPPORTUNITY EMPLOYER

## CITY OF CAPITOLA APPLICATION FOR EMPLOYMENT

Return To: 420 Capitola Ave., Capitola, CA 95010 831.475.7300 • www.cityofcapitola.org

- 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? Y	Drive	Driver's License #:						
If yes, what kind?								
Have you previously been employed by the Ci	ty? Yes □ No □							
Were you in Armed Forces? Yes $\square$ No $\square$	Branch:			From	n: To:			
EDUCATION: Check the appropriate box, if	you possess one of the	following:						
$\mbox{High School Diploma} \ \square \ \ \ \mbox{G.E.D. Certificate}$	_		-					
Check highest grade completed	1 2 3 4 5 6	7 8 9 10	11 12 Col	lege 1 2 3	4	Post Grad	uate Work	
							years	
Colleges, Universities, Vocational Technical Schools Attended	versities, Vocational City/State Major or Course of Study Semester		s Completed Quarter			Ticate Dates Attended From To		
Professional licenses or registrations held:			I		<u> </u>			
Typewriting speed: Other mac	hines you operate:							
Do you speak any language other than English	? Yes □ No □	If yes, which	ones:					
Will you accept temporary work? Yes $\square$	No □ Will you acce	ept part-time w	vork? Yes □ No					
List any volunteer services which may be relat	ed to the position for v	which you are a	applying (List in deta	ail, use addition	onal pages, if necessary	<sup>7</sup> ):		
All'a l' C a								
Additional information:								
	1 D 0 0 0							

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 addraga:		Paggan for lagging:			
Employer's name and address:  Reason for leaving:						
Supervisor's name	:		Full time □ Part time □			
Description of duti						
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From:	То:	Job title or occupation:				
Employer's name a	and address:		Reason for leaving:			
Supervisor's name			Full time □ Part time □			
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From:	То:	Job title or occupation:				
Employer's name a	and address:		Reason for leaving:			
Supervisor's name	:		Full time □ Part time □			
Description of duti						
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From:	То:	Job title or occupation:				
Employer's name a	and address:	Reason for leaving:				
Supervisor's name	:	Full time □ Part time □				
Description of duties:						
From:	To:	Job title or occupation:				
110111.	10.	1 300 title of occupation.				
- ·						
Employer's name and address:  Reason for leaving:						
Supervisor's name		Full time □ Part time □				
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 AP			DATE:						
	[ale emale	AGE:		17 & Under 22 to 39		18 to 21 40 and over			
ETHNIC ORIO	GIN:								
	1.								
2. □ <b>B</b>									
3. □ H									
4. □ <b>A</b> E	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								
5. <b>A</b>	example, China, India, 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 maintain cultural identification through tribal affiliation or community recognition.								
HUMAN RESOURCES RECRUITMENT SOURCE									
I learned about	t this job opening	ng through (check	one o	or more):					
	•	nnel Department							
	A friend or relative								
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Please contact Human Resources if you require special accommodations during the examination process.