



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? 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
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ 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:	Highest salary earned:
Employer's name and address:			Reason for leaving:
Supervisor's name:			Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Description of duties:			

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