

CITY OF SANTA PAULA EMPLOYMENT APPLICATION

970 Ventura Street • Mailing Address: P.O. Box 569 • Santa Paula, CA 93061 • Phone: (805) 933-4207



EQUAL OPPORTUNITY EMPLOYER

Instructions: Thank you for your interest in employment with the City of Santa Paula. Resumes are welcome but may not be substituted for the completed application. Please type or print legibly in ink, and answer all questions completely and correctly. We are an Equal Opportunity Employer and welcome applications from all qualified applicants. We do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, medical condition or disability.

Position Applying For: _____		Date: _____	
Name: _____		Telephone: _____ / _____	
Last	First	Initial	Cell
Address: _____		_____	
No.	Street	Apt.	City
		State	Zip
Mailing Address: _____		E-mail: _____	
<small>(If different from above)</small>			

PERSONAL INFORMATION	
Indicate the type of appointment(s) you will accept:	<input type="checkbox"/> Full time regular position (40 hours/week) <input type="checkbox"/> Part time regular position <input type="checkbox"/> Temporary position
Indicate your availability to work the following:	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Shift
Have you ever been employed by the City of Santa Paula?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your relatives employed by the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>If yes, please list on a separate sheet of paper: the date; the charge; the place; the court; and the action taken. Exclude convictions more than two-years old for violations of Health and Safety Code Sections 11357(b or c), 11360(b), 11364, 11365 and 11550 as it relates to marijuana. An applicant will not be denied employment solely on the grounds of conviction of the criminal offense. Each case is given individual consideration based on the job relatedness of the offense. Failure to list all convictions other than those excluded above will be considered fraud in securing appointment and will be grounds for termination.</small>	
Will you require any accommodation to test for the position and/or to perform the essential functions of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid California Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the right to remain legally in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran of the United States Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<small>You must attach a copy of your DD214 to be given Veteran's status.</small>

EDUCATION AND TRAINING

Circle the highest education level completed.	High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
9 10 11 12 13 14 15 AA/AS BA/BS MA/MS PhD	Passed equivalency test <input type="checkbox"/> Yes <input type="checkbox"/> No

LIST EDUCATIONAL BACKGROUND, DIPLOMAS OR DEGREES RECEIVED

NAME/LOCATION OF COLLEGE	COURSES OF STUDY	COMPLETED UNITS	DEGREES RECEIVED

SPECIAL SKILLS: List other formal training programs which provided training or experience for the type of employment sought and certificates received.

PROFESSIONAL LICENSE/CERTIFICATION(S)	SPECIAL SKILLS
Title: _____	_____
Expiration Date: _____ Certificate(s) # _____	Bilingual (English/Spanish) <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Begin with your most recent experience. List work record history and include any other pertinent experience. A resume may be added but cannot substitute for this section. If you need additional space, please attach additional sheets using the same format.

May we contact your present employer? Yes No Comments: _____

Employer:	Dates of Employment: From (mo/yr)	To (mo/yr)
Address:	Salary: Start	End
Job Title:	Reason for Leaving:	
Nature of Duties:	Supervisor:	
	Telephone:	
Employer:	Dates of Employment: From (mo/yr)	To (mo/yr)
Address:	Salary: Start	End
Job Title:	Reason for Leaving:	
Nature of Duties:	Supervisor:	
	Telephone:	
Employer:	Dates of Employment: From (mo/yr)	To (mo/yr)
Address:	Salary: Start	End
Job Title:	Reason for Leaving:	
Nature of Duties:	Supervisor:	
	Telephone:	

PERSONAL REFERENCES

Please list names, addresses, and telephone numbers of three people, not relatives, that the City may contact who have knowledge about your work skills, experience and ability. You may use past employers.

CERTIFICATION OF APPLICANT – READ CAREFULLY BEFORE SIGNING

I certify that all statements and information are true to the best of my knowledge and I agree and understand that any misstatements or omissions on my part may forfeit my participation in the examination process and/or my right to employment, or continued employment even if discovered after I have become an employee of the City of Santa Paula. I authorize my former employers, their employees, representatives, and agents to provide any and all information about my employment and job performance to the City of Santa Paula, and its employees, representatives, and agents. My former employers may provide this information either verbally or in writing. I also waive any and all rights and claims I have or may have against my former employers, their employees, representatives, or agents, or any person listed as a reference, and release any former employer, its employees, and representatives, former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that my directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me. I understand that nothing in this application, or conveyed during any interview is intended to create an employment contract between me and the City of Santa Paula. I understand that I will have to pass a physical examination, produce documentation verifying identity and employment eligibility in the U.S., and may be fingerprinted as a condition of my employment. I understand that I may be required to verify all information given on this application. I understand that I will be required to provide a copy of my driving record if driving is a component of the job for which I am applying. I understand that this complete application is the property of the City of Santa Paula and will not be returned. I understand that I will have to notify the Human Resources Office of any change in my name, address, phone number or other pertinent information.

SIGNATURE _____ **DATE** _____