



APPLICATION FOR EMPLOYMENT

CITY OF PACIFIC GROVE
300 FOREST AVENUE
PACIFIC GROVE, CALIFORNIA 93950
☎ - (831) 648-3100
TDD - (831) 648-3108

Position Applied For: _____

The City of Pacific Grove considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT OR TYPE)

| | | |
|---|---|---|
| Last Name: | First: | Middle: |
| Address: | City: | State: Zip: |
| Telephone(s): Home: | Work: | Social Security No.: |
| 1. If under 18 years of age, can you provide proof of eligibility to work? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 2. Have you ever filed an application with the City of Pacific Grove before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate position and department: | | |
| 3. Are you presently employed with the City of Pacific Grove? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate position and department: | | |
| 4. Have you ever been employed with the City of Pacific Grove before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate position and department: | | |
| 5. Have you ever been a member of the Public Employees' Retirement System (PERS)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you presently have funds on deposit with the system? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 6. Can you submit verification of your legal right to work in the U.S. on an unrestricted basis? (Proof of citizenship or immigration status will be required upon employment.) Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 7. Have you been convicted of a criminal offense, other than a minor traffic violation, since your 18th birthday? (A yes answer will NOT automatically bar you from further consideration.) Omission of the information may result in dismissal/disqualification. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe offense: | | |
| 8. Language Skills: <i>Other than English, if applicable to position being applied for.</i> Language: _____ Speak: _____ Read: _____ Write: _____ Comprehend: _____ | | |
| 9. Clerical Skills: <i>If relevant to position being applied for.</i> Type: _____ WPM Shorthand: _____ WPM Computer Software Programs: _____ | | 10. Do you possess a valid California Driver's License? <i>If relevant to position being applied for.</i> Yes <input type="checkbox"/> No <input type="checkbox"/> License No.: _____ Class: _____ |
| 11. Are there any days, shifts, or hours you cannot work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: | | |
| 12. Special Licenses, Skills and Qualifications: | | |
| 13. Education & Training: Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate Work: _____ years. | Name & Location of High School _____ | High School Diploma: <input type="checkbox"/> GED Certificate: <input type="checkbox"/> High School Proficiency: <input type="checkbox"/> |
| Schools Attended | Major | Degree/Certificate |
| 14. Name Changes: <i>State any other name, nick name, etc., you have used on employment or education records.</i> | | |

Continued on Reverse Side ➔

Voluntary Employment Questionnaire

The purpose of this Questionnaire is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Questionnaire is optional. If you choose to volunteer the requested information please note that all questionnaires are kept in a Confidential File and are not a part of your Application for Employment or personnel file, PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF THE VOLUNTARY EMPLOYMENT QUESTIONNAIRE DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

| | | | | | |
|---|--|---|---------------------------------|-----------------------------------|--|
| PLEASE CHECK THE APPROPRIATE BOX | | | | | |
| Male <input type="checkbox"/> | | | Female <input type="checkbox"/> | | |
| Ethnic Origin | | | | | |
| Alaskan Native <input type="checkbox"/> | American Indian <input type="checkbox"/> | Asian <input type="checkbox"/> | Black <input type="checkbox"/> | Filipino <input type="checkbox"/> | |
| Hispanic <input type="checkbox"/> | Multi-Ethnic <input type="checkbox"/> | Pacific Islander <input type="checkbox"/> | White <input type="checkbox"/> | Other <input type="checkbox"/> | |

EMPLOYMENT EXPERIENCE

Resumés will not be accepted in lieu of a completed application.

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

You may exclude organizations, which indicate race, color, religion, gender, national origin, disability, or any other protected status.

If you need additional space please continue on a separate sheet of paper.

| | |
|-------------------------------------|---|
| Employer: | Description of Duties: |
| Address: | |
| City: State: Zip: | |
| Job Title: | |
| Hours per week: Total Years/Months: | |
| Reason for Leaving: | Supervisor's Name: |
| Employment Dates: From: To: | May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employer: | Description of Duties: |
| Address: | |
| City: State: Zip: | |
| Job Title: | |
| Hours per week: Total Years/Months: | |
| Reason for Leaving: | Supervisor's Name: |
| Employment Dates: From: To: | May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employer: | Description of Duties: |
| Address: | |
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| Employment Dates: From: To: | May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employer: | Description of Duties: |
| Address: | |
| City: State: Zip: | |
| Job Title: | |
| Hours per week: Total Years/Months: | |
| Reason for Leaving: | Supervisor's Name: |
| Employment Dates: From: To: | May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> |

References

Names, addresses and telephone numbers of three (3) references that are not related to you and are not previous employers.

- 1.
- 2.
- 3.

CERTIFICATE OF APPLICANT — READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements made in this application or supplemental materials submitted with this application are true and complete. I understand that any misstatements of material facts will subject me to disqualification or dismissal. I authorize the City of Pacific Grove to investigate the accuracy of this information from any person or organization listed, and hereby release the City of Pacific Grove and all persons and organizations from all claims and liabilities arising from such investigations or the supplying of information for such investigations. I agree to submit to a finger print check (in some cases). I understand that an offer of employment may be conditioned upon my successful completion of both a medical examination, designed to determine my fitness for the position applied for, and a drug screen, designed to identify illegal drugs. I further understand that, if selected, I will agree to take an oath of office.

Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER

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Voluntary Employment Questionnaire

Position Applied For: _____

How did you learn about this employment opportunity?

| | | |
|--|--|--|
| Advertisement <input type="checkbox"/> | Friend <input type="checkbox"/> | Call-In/Write-In <input type="checkbox"/> |
| Trade Journal <input type="checkbox"/> | Relative <input type="checkbox"/> | Exam Announcement <input type="checkbox"/> |
| Employment Agency <input type="checkbox"/> | City Employee <input type="checkbox"/> | Other: _____ |