

**APPLICATION FOR EMPLOYMENT**

Phone (805) 227-7234 Fax: (805) 237-4032

*INSTRUCTIONS: This application is part of the examination process. Failure to meet all the requirements listed in the job announcement and the established class specification by the final filing date is cause for rejection. It is the applicant's responsibility to insure that the application is on file at the Personnel Office no later than 5:00 p.m. on the filing date. Late applications will be rejected. Postmarks not accepted. Print in ink or use typewriter. Answer all questions completely and accurately. All information is subject to verification. False statements may be cause for rejection of the application, removal of name from eligible list or dismissal from position.*

**POSITION APPLIED FOR:** \_\_\_\_\_ **EXAM NO.** \_\_\_\_\_

**GENERAL INFORMATION**

LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
ADDRESS	STREET	CITY	STATE ZIP
HOME PHONE			
HAVE YOU EVER WORKED FOR THE CITY OF PASO ROBLES? [ ] YES [ ] NO		POSITION	DEPT FROM TO

IT IS CITY POLICY THAT NO APPLICANT WILL BE PLACED OR RETAINED IN A POSITION WHERE HE/SHE IS IN A SUPERVISORY OR SUBORDINATE RELATIONSHIP TO ANY MEMBER OF HIS/HER FAMILY AND, IN SOME CASES, NOT PLACED WITHIN THE SAME DEPARTMENT. EACH CASE WILL BE CONSIDERED INDEPENDENTLY IN THE CONTEXT OF CITY POLICY. DO YOU HAVE A RELATIVE WHO IS EMPLOYED WITH THE CITY? [ ] YES [ ] NO EXPLAIN IN THE REMARKS SECTION BELOW.

**EDUCATION AND TRAINING**

*Applicants may be required to furnish proof of academic training by transcript or diploma.*

LAST HIGH SCHOOL ATTENDED	LOCATION		
DID YOU GRADUATE? [ ] YES [ ] NO	IF NOT, DO YOU HAVE A G.E.D. CERTIFICATE? [ ] YES [ ] NO		
NAME AND LOCATION OF TRADE, VOCATIONAL SCHOOLS, COLLEGES, UNIVERSITIES, APPRENTICE OR TRAINING PROGRAMS ATTENDED	NUMBER OF UNITS	MAJOR SUBJECTS	DEGREES OR CERTIFICATES
	SEMESTER		
PROVIDE ANY ADDITIONAL INFORMATION PERTINENT TO THIS POSITION. INCLUDE CERTIFICATES OR LICENSES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS; ABILITY TO USE SPECIALIZED TOOLS OR EQUIPMENT			

**ADDITIONAL INFORMATION**

<b>FOR POSITIONS REQUIRING DRIVERS LICENSE:</b>	AS AN ADULT, HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DO NOT INCLUDE CONVICTIONS WHILE A MINOR AND/OR CONVICTIONS SEALED BY A COURT ORDER.) LIST AND DISCUSS EACH CONVICTION IN THE REMARKS SECTION. A "YES" ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT. EACH CASE WILL BE CONSIDERED ON ITS MERITS.
DRIVERS LICENSE NO. _____	[ ] YES [ ] NO
CLASS _____	
STATE _____	
EXPIRATION DATE _____	IF NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES? [ ] YES [ ] NO

**REMARKS:** (ATTACH A SEPARATE PAGE, IF NECESSARY)

**APPLICANTS FOR JOBS REQUIRING TYPING AND/OR SHORTHAND, PLEASE CERTIFY SKILL LEVEL BELOW:**

TYPING SPEED	W.P.M.	SHORTHAND SPEED	W.P.M.
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**REFERENCES:** LIST A MINIMUM OF THREE PEOPLE NOT RELATED TO YOU WHO CAN ATTEST TO YOUR PROFESSIONAL ABILITIES AND PERSONAL CHARACTER.

NAME	OCCUPATION	TELEPHONE NO.

**POSITION APPLYING FOR:** \_\_\_\_\_

The information requested on this portion of the form is voluntary and will assist the City of Paso Robles in evaluating its recruitment program and in accurately compiling required statistical reports for Federal and State agencies. This form will be kept confidential. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

**PLEASE CHECK SEX AND ETHNIC ORIGIN BELOW:**

MALE					FEMALE				
NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	NON-HISPANIC ORIGIN		HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE
WHITE	BLACK				WHITE	BLACK			
B	C	D	E	F	G	H	I	J	K

**ARE YOU DISABLED?**

- Hearing (50% or more loss in both ears)
- Speech
- Sight (use of eyeglasses which permit normal vision is excluded)
- Impairment due to amputation, loss of functions, or coordination
- Other - Specify (any other condition that limits one or more major life activities)

**EMPLOYMENT HISTORY:** Starting with your most recent position, list all related employment, military service, volunteer work or CETA training. PLEASE COMPLETE THIS SECTION IN ITS ENTIRETY. USE ADDITIONAL SHEETS IF NECESSARY. RESUMES WILL NOT BE ACCEPTED IN LIEU OF THE REQUIREMENTS OF THIS SECTION.

<b>PRESENT OR LAST EMPLOYER'S NAME:</b>		<b>DUTIES:</b>	
FROM	MONTH YEAR	TO:	MONTH YEAR
SALARY STARTING:		FINAL:	
YOUR TITLE			
NAME/TITLE OF SUPERVISOR			
COMPANY ADDRESS			
TELEPHONE ( )		REASON FOR LEAVING:	

<b>EMPLOYER'S NAME:</b>		<b>DUTIES:</b>	
FROM	MONTH YEAR	TO:	MONTH YEAR
SALARY STARTING:		FINAL:	
YOUR TITLE			
NAME/TITLE OF SUPERVISOR			
COMPANY ADDRESS			
TELEPHONE ( )		REASON FOR LEAVING:	

<b>EMPLOYER'S NAME:</b>		<b>DUTIES:</b>	
FROM	MONTH YEAR	TO:	MONTH YEAR
SALARY STARTING:		FINAL:	
YOUR TITLE			
NAME/TITLE OF SUPERVISOR			
COMPANY ADDRESS			
TELEPHONE ( )		REASON FOR LEAVING:	

<b>EMPLOYER'S NAME:</b>		<b>DUTIES:</b>	
FROM	MONTH YEAR	TO:	MONTH YEAR
SALARY STARTING:		FINAL:	
YOUR TITLE			
NAME/TITLE OF SUPERVISOR			
COMPANY ADDRESS			
TELEPHONE ( )		REASON FOR LEAVING:	

THE CITY MAY DESIRE TO CONTACT ANY OR ALL OF YOUR PRIOR EMPLOYERS AS PART OF A BACKGROUND INVESTIGATION. PLEASE INDICATE IF SUCH CONTACT WOULD CAUSE PROBLEMS OR CONCERNS.

**CERTIFICATE OF APPLICANT. READ CAREFULLY BEFORE SIGNING**

I, the undersigned, hereby consent and agree that the City of Paso Robles may conduct such background investigations(s) as it deems necessary for the purpose of determining my qualifications and fitness for employment. I hereby authorize the release of information pertaining, but not limited to, my education, driving, military, police and prior employment record(s) to the City of Paso Robles upon request.

I hereby authorize any former employer, its employees & representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the City of Paso Robles and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against any former employer, its employees & representatives, former educational institution, or any person listed as a reference from any and all liability, claims or damages that may 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 hereby certify that all statements made in this application are true and complete and that misstatements of material fact(s) will subject me to disqualification or dismissal. I agree to undergo a medical examination by a City-paid medical practitioner and fully understand that employment is contingent upon meeting the City's medical requirements.

**SIGNATURE**  **DATE:**

DATE:

EXAM NUMBER:

POSITION APPLYING FOR: \_\_\_\_\_

I FIRST LEARNED OF THIS JOB OPENING THROUGH (CHECK ONE):

- A friend or relative
- Employment Development Department
- An advertisement in a newspaper (which newspaper?) \_\_\_\_\_
- An advertisement in a Magazine or periodical (which Magazine?) \_\_\_\_\_
- Website  City's  other? (which Website?) \_\_\_\_\_
- Other means (please specify) \_\_\_\_\_
- The City's Personnel Department - Interest Card  YES  NO
- Job Announcement Bulletin (where posted?) \_\_\_\_\_