



# APPLICATION FOR EMPLOYMENT CITY OF CARPINTERIA

5775 Carpinteria Avenue  
Carpinteria, CA 93013-2698  
Telephone (805) 684-5405

An Equal Opportunity Employer

## PLEASE READ BEFORE COMPLETING THIS FORM

This application form was developed to give full consideration to your rights to individual privacy and equal opportunity. All requested information is needed to help measure your interests and qualifications for employment and to enable you to be contacted. No other use will be made of this information without your permission. In compliance with the Americans with Disabilities Act, if you require special accommodation in the recruitment process for any disability, advise the Human Resources Department at (805) 684-5405.

**SIGNED AND DATED COMPLETED APPLICATION MUST BE SUBMITTED.** All information is subject to verification. Once submitted, the application and attachments cannot be returned.

- NOTE:
1. All City employees are required to take a loyalty oath prescribed by State Law.
  2. Newly appointed employees may be fingerprinted and subject to a criminal record check.
  3. A health statement and/or health screen by a City appointed physician may be required for those selected for employment. This information will not be used for any purpose other than to determine your physical fitness for the position.

**PLEASE PRINT OR TYPE** Answer all questions completely and accurately. False statements will disqualify you from employment.

POSITION APPLIED FOR: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of employment you will accept:  Full-time  Part-time  Temporary  Weekend Work

What is your availability date ? \_\_\_\_\_ Are you 18 years of age or over?  Yes  No

If hired, can you furnish proof of legal right to be permanently employed in the United States?  Yes  No  
*Upon appointment, new employees will be required to furnish documentation verifying authorization to work in the United States.*

Are you now or have you ever been employed by the City?  Yes  No  
If yes, give dates/department \_\_\_\_\_

Are any persons now employed by the City of Carpinteria related to you by blood or marriage?  YES  NO  
If yes, give name and relationship of person \_\_\_\_\_

Do you possess a valid California Driver's License?  Yes  No If Yes, License # \_\_\_\_\_ Class \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Convictions for marijuana-related offenses that are more than two years old need not be listed.  Yes  NO  
If yes, state the nature of the crime(s), when and where convicted and disposition of the case.

DATE	PLACE	COURT	CHARGE	ACTION TAKEN

*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date, surrounding circumstances and relevance of the offense to the position applied for may, however, be considered.*

**EDUCATION AND TRAINING:**

	Name and Location of School	Units Earned	Subject or Major	Degree
Completed				
High School or Equivalent	_____			
College or University	_____			
Graduate School	_____			
Other Training Coursework Certificates CPR/ EMT, First Aid Licenses, etc.	_____ _____			

Computer Skills (Specify IBM/Mac/Software expertise, Word processing, spread sheets, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Machinery, heavy equipment (specify)

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION supporting your qualifications for this position, including other special skills, languages, certifications, professional affiliations or volunteer activities pertinent to the position applied for:

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: List three references of former supervisors or professional references (other than family members or personal friends) who can be contacted to provide information regarding your job skills, experience and ability.

Name	Address	Telephone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT HISTORY: Were you ever discharged from any position?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Beginning with your current or most recent position, list your employment record for the last ten years. Use a separate block for each position held even though with the same organization. This section must be fully completed. In addition, a separate sheet or personal resume of other supplemental information may be attached.

Employer _____	Phone No. _____			
Address _____				
Job Title _____	Date Started _____	Date Left _____		
Supervisor's Name and Title _____				
Duties/Responsibilities _____				
Hours worked _____			Rate of Pay _____	Reason for Leaving _____

Employer _____	Phone No. _____			
Address _____				
Job Title _____	Date Started _____	Date Left _____		
Supervisor's Name and Title _____				
Duties/Responsibilities _____				
Hours worked _____			Rate of Pay _____	Reason for Leaving _____

Employer _____	Phone No. _____			
Address _____				
Job Title _____	Date Started _____	Date Left _____		
Supervisor's Name and Title _____				
Duties/Responsibilities _____				
Hours worked _____			Rate of Pay _____	Reason for Leaving _____

Employer \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

\_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours worked \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

\_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours worked \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact all employers and supervisors listed in your Employment History?  Yes  No

I, the undersigned, hereby certify that all statements and information on this application are true and correct to the best of my knowledge and belief. I understand false statements or willful misrepresentation shall be just cause for rejection or subsequent discharge. (Unsigned application will not be accepted.)

Application must be signed and dated in ink.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***If a resume is submitted, it should be attached to a completed City Employment Application***

# APPLICANT DATA RECORD CITY OF CARPINTERIA

## HUMAN RESOURCES

CITY HALL, 5775 Carpinteria Avenue, Carpinteria, CA 93013  
(805) 684-5405; Fax (805) 684-5304

*Please submit this form along with your completed application.*

The City of Carpinteria is an Equal Opportunity Employer. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

To demonstrate that we meet equal employment opportunity requirements and responsibilities, periodically we report statistical information about applicants and employees to the California and United States government.

To help us comply with reporting and other legal requirements, please fill out the Applicant Data Record. The data will be kept separate and confidential and will not be used in any way to make any employment decision.

We appreciate your cooperation.

**PLEASE PRINT**

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

Referral Source:  Advertisement \_\_\_\_\_  Friend/Relative \_\_\_\_\_  
 Employment Agency \_\_\_\_\_  Other \_\_\_\_\_  
 Walk-In

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### *Voluntary Survey Information*

We periodically prepare reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one  male  Caucasian  
 female  Black  
 Hispanic  
 American Indian/Alaskan Native  
 Asian/Pacific Islander

Check if applicable: Veteran:  Yes  No

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