



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: _____

1. Name _____ Social Security # _____
First Middle Last

2. Address _____
Number/Street City State Zip

3. Telephone Number (Home) _____ (Work) _____

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

5. What is your availability date _____ Are you 18 years of age or over? _____

6. 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.

7. Are you now or have you ever been employed by the City? If yes, give dates/department: _____

8. 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 _____

9. Do you possess a valid California Driver's License? _____ License # _____ Class _____

10. 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.

11. 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.	_____ _____			

12. SKILLS: Typewriter? _____ WPM _____ Shorthand/Speedwriting? _____ WPM _____

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:

13. 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. _____	_____	_____	_____
—	_____	_____	_____

14. EMPLOYMENT HISTORY: Were you ever discharged from any position? _____ 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 _____ Dated _____

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

