

AN EQUAL OPPORTUNITY EMPLOYER

CITY OF CAPITOLA

APPLICATION FOR EMPLOYMENT

(Return To: 420 Capitola Ave., Capitola, CA 95010)

Please Print

Use Ink or Typewriter

Answer All Questions

NAME (LAST, FIRST, MIDDLE INITIAL)		POSITION APPLIED FOR:		TODAY'S DATE:	
MAILING ADDRESS (STREET/CITY/STATE/ZIP CODE)				DRIVER'S LIC #	
DO YOU HAVE A DRIVER'S LICENSE NOW? Yes <input type="checkbox"/> No <input type="checkbox"/>			SOCIAL SECURITY NO:		TELEPHONE
IF YES, WHAT KIND? <input type="checkbox"/> OPERATORS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CHAUFFEUR					
Have you ever been convicted by a court for any offense? Do not include convictions before your 18 th birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances			EXPLAIN:		
Have you previously been employed by the City? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Were you in U.S. Armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____ From: _____ To: _____					
EDUCATION					
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12			GED College or University : 1 2 3 4 5 6 7 8		
HIGH SCHOOL OR GED:		COURSE:			
JUNIOR COLLEGE/COLLEGE		MAJOR UNITS		DATE GRAD.	DEGREE:
UNIVERSITY/GRADUATE SCHOOL:		MAJOR UNITS:		DATE GRAD.	DEGREE:
PROFESSIONAL LICENSES OR REGISTRATIONS HELD:					
TYPEWRITING SPEED: _____ OTHER MACHINES YOU OPERATE:					
DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, WHICH ONES:					
WILL YOU ACCEPT TEMPORARY WORK? Yes <input type="checkbox"/> No <input type="checkbox"/> WILL YOU ACCEPT PART-TIME WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>					
LIST APPRENTICESHIP, TRADE, VOCATIONAL, BUSINESS SCHOOL, MANPOWER TRAINING OR ANY OTHER SPECIAL TRAINING YOU HAVE HAD. INCLUDE TYPE, WHERE, ACQUIRED, DATES, AND WHETHER COMPLETED SUCCESSFULLY.					
LIST ANY VOLUNTEER SERVICES WHICH MAY BE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING: (List in detail use additional pages if necessary)					
ADDITIONAL INFORMATION:					

Certificate of Applicant (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any employment as an employee in the service of Capitola. I further agree to be fingerprinted and to submit to a complete medical examination by a City physician upon employment.

Signature _____ Date _____

EMPLOYMENT RECORD

Beginning with your present or most recent show a complete record of your last five (5) places of employment.. Please complete the following section in detail. This information may be used in a competitive screening process.

FROM:	TO:	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED
EMPLOYER'S NAME AND ADDRESS:			REASON FOR LEAVING
SUPERVISORS NAME:		Full-Time <input type="checkbox"/> Part- Time <input type="checkbox"/>	
DESCRIPTION OF DUTIES:			

FROM:	TO:	JOB TITLE OR OCCUPATION	HIGHEST SALARY EARNED
EMPLOYER'S NAME AND ADDRESS:			REASON FOR LEAVING
SUPERVISORS NAME:		Full-Time <input type="checkbox"/> Part- Time <input type="checkbox"/>	
DESCRIPTION OF DUTIES:			

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DESCRIPTION OF DUTIES:			