

City of Soledad
 Human Resources
 248 Main Street
 Soledad, California 93960



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humanresources@cityofsoledad.com

EMPLOYMENT APPLICATION

PRINT OR TYPE

THIS APPLICATION IS PART OF THE SELECTION PROCESS. REFER TO THE JOB ANNOUNCEMENT FOR QUALIFICATIONS AND INCLUDE ALL RELEVANT INFORMATION. THIS APPLICATION MUST BE COMPLETED ON BOTH SIDES FOR EMPLOYMENT CONSIDERATION.

Position Applied for _____

Name _____

Last First Middle

Address _____

Number Street Appt. No.

City State Zip

Telephone (____) _____ (____) _____

Home Business or Other

E-mail Address _____ Driver's License _____

e.g.user@anysite.com State Number

AGE _____

If applying for a sworn position in law enforcement or the fire service, indicate date of birth:

____ / ____ / ____
 Yr Mo. Day

Are you over 18 years of age? YES NO

Are you under 70 years of age? YES NO

CONVICTIONS _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? YES NO

If "Yes" please explain fully on a separate sheet. Each case is considered individually. A conviction will not necessarily disqualify you from employment. (Note: Convictions for marijuana-related offenses that are more than two years old need to be listed).

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? If "Yes" please explain fully on a separate sheet. YES NO

EDUCATION & TRAINING _____

Circle highest year completed: 8 9 10 11 12 Some College AA/AS BA/BS Masters+

Did you graduate from high School? YES NO Receive a GED? YES NO

High School attended _____ Location of HS/GED _____

LIST YOUR EDUCATION/TRAINING RELATED TO THE POSITION, INCLUDING COLLEGES, TECHNICAL, MILITARY SCHOOLS, ETC.

School Name & Location (City & State)	Degree/Certificate	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST SPECIAL SKILLS AND CURRENTLY VALID LICENSES, CERTIFICATES OR REGISTRATIONS RELEVANT TO THIS POSITION

Date _____
 Date _____

Please complete the from below which will be removed before the application is processed

In accordance with State Law, the information requested below shall be used for statistical purposes only. It will enable the City to evaluate more effectively its recruitment and selection procedures. This information will be kept confidential and separate from the application form. Refusing to provide this information will have no impact on the evaluation process. Thank you for your assistance.

Name _____ Position Applying for _____ Male Female

ETHNIC ORIGIN (please check only one):

- White: (not of Hispanic origin) all persons having origins in any of the original people of Europe, North Africa or the Middle East.
- African American: (not of Hispanic origin) all persons having origins in any of the Black racial groups of Africa.
- Asian/Pacific Islander: all persons having origins in any of the original people of Japan, Korea, the Far East, China, Southeast Asia or the Indian subcontinent.
- Hispanic: all persons of Mexican, Puerto Rican, Cuban, central or South America, or other Spanish culture or origin, regardless of race.
- Filipino: all persons of Filipino origin
- American Indian: all persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

In accordance with The American with Disabilities Act, and to insure that our application process is accessible, the City is willing to assist qualified individuals with disabilities with reasonable accommodations so that they may participate in the examination process. Please call the City if you require a reasonable accommodation.

QUALIFYING EXPERIENCE

Please identify your work experience, paid or unpaid, beginning with your most recent position. Please fully account for all time, including periods of unemployment, military time, school, etc. A resume will not substitute for the information required in this section. Resumes may be attached, but do not write, "See resume," in lieu of completing the application. Use additional sheets if necessary.

FROM: / /	TITLE:	CURRENT MOST RECENT EMPLOYER:
TO: / /	DUTIES:	ADDRESS:
HOURS PER WEEK:		
SUPERVISOR NAME/TITLE/TELEPHONE:		
MONTHLY SALARY: \$		PHONE: ()
REASON FOR LEAVING:		

MAY WE CONTACT YOUR CURRENT EMPLOYER YES NO

FROM: / /	TITLE:	CURRENT MOST RECENT EMPLOYER:
TO: / /	DUTIES:	ADDRESS:
HOURS PER WEEK:		
SUPERVISOR NAME/TITLE/TELEPHONE:		
MONTHLY SALARY: \$		PHONE: ()
REASON FOR LEAVING:		

FROM: / /	TITLE:	CURRENT MOST RECENT EMPLOYER:
TO: / /	DUTIES:	ADDRESS:
HOURS PER WEEK:		
SUPERVISOR NAME/TITLE/TELEPHONE:		
MONTHLY SALARY: \$		PHONE: ()
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FROM: / /	TITLE:	CURRENT MOST RECENT EMPLOYER:
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FROM: / /	TITLE:	CURRENT MOST RECENT EMPLOYER:
TO: / /	DUTIES:	ADDRESS:
HOURS PER WEEK:		
SUPERVISOR NAME/TITLE/TELEPHONE:		
MONTHLY SALARY: \$		PHONE: ()
REASON FOR LEAVING:		

- I hereby certify that all statements made in this application and accompanying materials are true, and I agree and understand that any misstatements or omission of material fact will cause forfeiture on my part of all rights of employment with City of Soledad. I hereby authorize the release of any information to verify the statements made in this application to the City of Soledad or duly authorized agents.
- I understand that my employment is contingent upon providing verification of my identity and legal right to work in the United States.
- I understand that I must successfully complete a post-job-offer, pre-employment physical examination.
- I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this City.

SIGNATURE: _____ DATE: _____

Signature is required for application to be complete.

JOB SOURCE INFORMATION

- Newspaper (please specify): _____
- Website (please specify): _____
- Job flyer posted at another agency
- State Employment Office
- Direct mailing
- Professional Journal or Newsletter (please specify): _____
- Jobs Available
- Friend or Relative
- Other (please specify): _____