



City of West Sacramento
1110 West Capitol Avenue
West Sacramento, CA 95691-2717
Telephone: (916) 617-4567

DATE STAMP

Applicants are strongly encouraged to apply online at www.calopps.org

Employment Application

AN EQUAL EMPLOYMENT / FEDERAL AFFIRMATIVE ACTION EMPLOYER

POSITION APPLYING FOR: Type or use ink (SHOW EXACT TITLE – USE A SEPARATE APPLICATION FOR EACH JOB)				
<p>IMPORTANT: COMPLETE ALL UNSHADED SECTIONS. AN INCOMPLETE APPLICATION WILL DELAY ACTION AND MAY DISQUALIFY YOU. CHECK CAREFULLY TO MAKE SURE YOU MEET THE POSITION REQUIREMENTS. PRINT IN INK OR TYPEWRITE UNLESS OTHERWISE INSTRUCTED. APPLICATIONS MUST BE RETURNED NO LATER THAN THE FINAL FILING DATE. NOTE: BE CERTAIN YOU HAVE COMPLETED ALL INFORMATION IN ALL THE BOXES. ALL INFORMATION IS SUBJECT TO VERIFICATION. REFERENCE CHECKS, FINGERPRINT CHECKS, AND/OR BACKGROUND INVESTIGATIONS MAY BE REQUIRED FOR SUCCESSFUL CANDIDATES. SUCH INFORMATION WILL NOT BE MADE AVAILABLE TO CANDIDATES UNLESS REQUIRED BY LAW.</p>				
1 FIRST NAME		MIDDLE	LAST	
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	NAME & TELEPHONE OF PERSON WHO CAN ALWAYS REACH YOU		
E-MAIL ADDRESS				
2 CAN YOU PROVIDE THE DOCUMENTATION NECESSARY TO PROVE YOUR IDENTITY AND AUTHORIZATION TO WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY RELATIVE CURRENTLY WORKING FOR THE CITY OF WEST SACRAMENTO? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF "YES" NAME AND RELATIONSHIP		
ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF WEST SACRAMENTO? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF "YES" POSITION TITLE	DEPARTMENT	DATES
3 PRIOR MILITARY SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH	HIGHEST RANK	DATES I.D. NUMBER
VETERAN'S PREFERENCE REQUESTED? NO <input type="checkbox"/> YES <input type="checkbox"/> (Copy of DD-214 must be attached prior to final filing date)				
4 ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
5 EDUCATION -- CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18				
HIGH SCHOOL NAME AND LOCATION		GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "NO" HAVE YOU PASSED A GENERAL EDUCATION DEVELOPMENT (GED) TEST? YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGES ATTENDED	DEGREES RECEIVED	MAJOR SUBJECTS	UNITS COMPLETED SEM. OR QTR.	
TRADE, BUSINESS OR OTHER COURSES OR TRAINING APPROPRIATE FOR THIS POSITION	NAME AND LOCATION OF INSTITUTION	LENGTH OF COURSE	UNITS OR HOURS COMPLETED	
ANY SPECIAL SKILLS OR ABILITIES YOU POSSESS:				
6 DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		LICENSE NUMBER	CLASS LICENSE	EXPIRATION DATE
OTHER PROFESSIONAL LICENSES/CERTIFICATES YOU HOLD		SERIAL NUMBER	DATE ISSUED	EXPIRATION DATE
DO NOT WRITE IN THE SHADED AREA - - HUMAN RESOURCES ONLY				
<input type="checkbox"/> ACCEPTED	SUBJECT TO:	NOTICE OF WRITTEN EXAM	NOTICE OF ORAL EXAM	ELIG LIST
<input type="checkbox"/> REJECTED <input type="checkbox"/> EXP <input type="checkbox"/> ED				
<input type="checkbox"/> DEADLINE				
<input type="checkbox"/> EXP <input type="checkbox"/> ED <input type="checkbox"/> DEADLINE				
DATE	OTHER	WRITTEN EXAM SCORE:	ORAL SCORE:	FINAL SCORE:

Applicant Name: _____

7 EMPLOYMENT HISTORY -- LIST YOUR WORK RECORD FOR THE LAST 10 YEARS. A RESUME MAY BE ATTACHED BUT MAY NOT SUBSTITUTE FOR COMPLETING THIS APPLICATION. BE SPECIFIC IN DESCRIBING YOUR DUTIES AND QUALIFICATIONS. IF QUALIFYING EXPERIENCE IS PART-TIME OR VOLUNTARY, LIST THE NUMBER OF HOURS PER WEEK SPENT PERFORMING THE WORK. GIVE SPECIFIC DETAILS ON THE EXPERIENCE, WHICH YOU BELIEVE MEETS THE ENTRANCE REQUIREMENTS FOR THE POSITION FOR WHICH YOU ARE APPLYING. IF JOBS PRIOR TO 10 YEARS AGO RELATE TO THE POSITION APPLIED FOR, LIST THESE ALSO. **THIS SECTION MUST BE COMPLETED.** IF YOU HAVE EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY POSITION, GIVE A DETAILED EXPLANATION ON A SEPARATE SHEET AND ATTACH TO THE APPLICATION.

IMPORTANT: CHECK BOX(ES) IF EMPLOYMENT GAVE YOU SUBSTANTIAL EXPERIENCE REQUIRED FOR THE SPECIFIC POSITION YOU SEEK. PLEASE LIST YOUR MOST RECENT POSITION FIRST.

<input type="checkbox"/>	MONTH/YEAR FROM: TO: HOURS PER WEEK:	JOB TITLE OR CLASSIFICATION: _____ LAST SALARY: _____ DESCRIBE YOUR DUTIES FULLY: NUMBER OF PERSONS SUPERVISED: NAME OF SUPERVISOR:	ORGANIZATION: ADDRESS: PHONE NO.: REASON FOR LEAVING:
<input type="checkbox"/>	MONTH/YEAR FROM: TO: HOURS PER WEEK:	JOB TITLE OR CLASSIFICATION: _____ LAST SALARY: _____ DESCRIBE YOUR DUTIES FULLY: NUMBER OF PERSONS SUPERVISED: NAME OF SUPERVISOR:	ORGANIZATION: ADDRESS: PHONE NO.: REASON FOR LEAVING:
<input type="checkbox"/>	MONTH/YEAR FROM: TO: HOURS PER WEEK:	JOB TITLE OR CLASSIFICATION: _____ LAST SALARY: _____ DESCRIBE YOUR DUTIES FULLY: NUMBER OF PERSONS SUPERVISED: NAME OF SUPERVISOR:	ORGANIZATION: ADDRESS: PHONE NO.: REASON FOR LEAVING:
<input type="checkbox"/>	MONTH/YEAR FROM: TO: HOURS PER WEEK:	JOB TITLE OR CLASSIFICATION: _____ LAST SALARY: _____ DESCRIBE YOUR DUTIES FULLY: NUMBER OF PERSONS SUPERVISED: NAME OF SUPERVISOR:	ORGANIZATION: ADDRESS: PHONE NO.: REASON FOR LEAVING:

8 READ THIS STATEMENT BEFORE SIGNING --I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS AND/OR FAILURE TO MEET LEGAL MINIMUM QUALIFICATIONS FOR THIS POSITION WILL BE SUFFICIENT CAUSE TO ELIMINATE ME FROM THE EXAMINATION OR DISMISS ME FROM EMPLOYMENT. I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT, A MEDICAL EXAMINATION AND FINGERPRINTING MAY BE REQUIRED PRIOR TO PLACEMENT AT THE WORKSITE OR AT THE TIME OF EMPLOYMENT. I WILL PROVIDE THE CITY VITAL STATISTICS INFORMATION AS MAY BE REQUIRED.

I UNDERSTAND THAT ALL APPOINTMENTS (EXCEPT "AT WILL" APPOINTMENTS) SHALL BE SUBJECT TO A PROBATIONARY PERIOD AS SPECIFIED IN THE CITY OF WEST SACRAMENTO'S PERSONNEL RULES OR APPLICABLE MEMORANDUM OF UNDERSTANDING. THE PROBATIONER MAY BE DISMISSED AT ANY TIME DURING THIS PERIOD. _____ (Please initial)

(YOUR SIGNATURE)

(TODAY'S DATE)

Equal Opportunity Employment

TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, THE CITY IS REQUESTING APPLICANTS TO VOLUNTARILY PROVIDE THE FOLLOWING INFORMATION. THE INFORMATION WILL BE DETACHED FROM THE APPLICATION IMMEDIATELY UPON RECEIPT AND WILL BE USED FOR RESEARCH PURPOSES ONLY.

STATE LAW PROHIBITS THE USE OF THIS INFORMATION FOR OTHER THAN STATISTICAL PURPOSES.

POSITION APPLIED FOR: _____

GENDER: Male Female

AGE: Over 40 years? Yes No

RACE/ETHNIC IDENTITY:

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native and Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____ |

Hispanic/Latino Ethnicity: Yes No

- | | |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

Applicants with Disabilities: The Fair Employment & Housing Act, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability. If you have a disability, or record of impairment, please indicate your disability below. If you are a qualified individual with a disability, that is, someone who is able to perform the essential functions of the job, with or without reasonable accommodation, and need special testing arrangements, attach a letter to this application explaining the nature of the special accommodations you will require for the testing.

- Visual Impairment Hearing Impairment Absence of Major/Minor Limbs
- Mental or Personality Disorder Other (Specify) _____

IN ORDER TO ASSIST THE CITY IN EVALUATING THE EFFECTIVENESS OF ITS RECRUITMENT PROGRAM, PLEASE INDICATE BELOW HOW YOU FIRST LEARNED OF THIS PARTICULAR JOB OPENING:

- FRIEND OR RELATIVE
- ORGANIZATION / GROUP (WHICH ONE?) _____
- CITY OF WEST SACRAMENTO
 Web Site Job Line Employee Job Interest Card
- ANOTHER PERSONNEL DEPARTMENT (WHICH ONE?) _____
- ADVERTISEMENT IN NEWSPAPER OR MAGAZINE (WHICH ONE?) _____
- INTERNET SITE (WHICH ONE?) _____
- OTHER MEANS (PLEASE SPECIFY) _____

DATE: _____

NAME: _____
(Please Print Legibly)