



# EMPLOYMENT APPLICATION

City of Lafayette  
 3675 Mt. Diablo Blvd., #210  
 Lafayette, CA 94549  
 (925) 284-1968  
 www.ci.lafayette.ca.us

AN EQUAL OPPORTUNITY EMPLOYER

HUMAN RESOURCES  
 USE ONLY

Card Sent: \_\_\_\_\_

**POSITION INFORMATION** Type or print neatly on this form in blue or black ink. If applications are mailed, they must be postmarked by the final filing date.

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

Are you available for (check all that apply):  part-time work?  temporary work?  overtime?  evenings?  weekends?

## PERSONAL INFORMATION

NAME: \_\_\_\_\_  
 Last First MI

ADDRESS: \_\_\_\_\_  
 Number Street City State Zip Code

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do you have a valid California Driver's License?  Yes  No License # \_\_\_\_\_ Exp. \_\_\_\_\_ Class \_\_\_\_\_

Can you provide proof that you are a U.S. citizen / legally allowed to work in this country?  Yes  No

## EDUCATION, LICENSES & CERTIFICATES

Do you possess a :  High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Circle Highest Grade Completed: 8 9 10 11 12 College: 1 2 3 4 Post Graduate Work: \_\_\_\_\_ years

Name and Address of College, University, Vocational School or Institution	Course of Study or Major	Attendance Dates		Degrees, Certificates, Units or Hours
		FROM	TO	

Title and number of license, certificate or other credential, if required for position:

Title/Number \_\_\_\_\_ Issued By \_\_\_\_\_ Exp. \_\_\_\_\_

Title/Number \_\_\_\_\_ Issued By \_\_\_\_\_ Exp. \_\_\_\_\_

OFFICE USE ONLY

Verified By:

\_\_\_\_\_

## SKILLS

Please list any special skills or qualifications you possess, including software proficiency:

**EXPERIENCE & EMPLOYMENT HISTORY**

1. Give complete information for all jobs held during the past 10 years.
2. Show your **Present** or **Most Recent** job first.
3. Verifiable voluntary experience may be considered, if job-related.
4. Attach additional sheets if more space is needed.
5. If you were employed under another name, please indicate in "REASON FOR LEAVING" section.
6. Explain all significant gaps in work history (i.e. greater than 12 months).

RESUME MAY BE ATTACHED BUT WILL **NOT** BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION

NOTE: OMISSION OF ANY JOB MAY BE CAUSE FOR TERMINATION

NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:            TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
SALARY: \$ _____		DUTIES:		
PER: ___ HOUR ___ MO. ___ YR.				
		REASON FOR LEAVING:		
NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:            TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
SALARY: \$ _____		DUTIES:		
PER: ___ HOUR ___ MO. ___ YR.				
		REASON FOR LEAVING:		
NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:            TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
SALARY: \$ _____		DUTIES:		
PER: ___ HOUR ___ MO. ___ YR.				
		REASON FOR LEAVING:		
NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:            TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
SALARY: \$ _____		DUTIES:		
PER: ___ HOUR ___ MO. ___ YR.				
		REASON FOR LEAVING:		

**EXPERIENCE & EMPLOYMENT HISTORY (CONT D.)**

NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:              TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
SALARY: \$ _____		DUTIES:		
PER: ___ HOUR ___ MO. ___ YR.		REASON FOR LEAVING:		
NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:              TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
SALARY: \$ _____		DUTIES:		
PER: ___ HOUR ___ MO. ___ YR.		REASON FOR LEAVING:		
NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:              TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
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NAME AND ADDRESS OF EMPLOYER:				
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No
DATES EMPLOYED Month/Year      Month/Year FROM:              TO:		JOB TITLE:		
TOTAL MONTHS:		HOURS PER WEEK:		
SALARY: \$ _____		DUTIES:		
PER: ___ HOUR ___ MO. ___ YR.		REASON FOR LEAVING:		

**AWARDS & RECOGNITION**

Please list any awards or recognition you have received related to your work experience:

**REFERENCES**

List three people who have knowledge of your competence in the field for which you are applying whom we may contact.

Name	Title / Company	Phone	Relationship to you

**ADDITIONAL INFORMATION**

Please tell us anything else you believe will help us evaluate your skills and qualifications for this position:

**RESIGNATION/DISCHARGE/RELEASE**

Have you ever been rejected during a probationary period, discharged, or forced to resign from any employment within the last ten years? If yes, give name of the employers, reason for each release and dates of employment. If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration based on job relatedness.

Yes  No

Employer	Reason for Release	Dates of Employment

**AGREEMENT**

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatements or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Lafayette. I further agree to be fingerprinted for a background check, to submit to a complete medical examination by a City physician and to furnish such proof of age and citizenship as may be required. I authorize the City of Lafayette to request inspection of my personnel records maintained at all previous places of employment.

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



The City of Lafayette asks all applicants for employment to complete this section in order to comply with the United States Government Equal Opportunity Requirements.

Information will be used for statistical purposes only and be kept separate and confidential.

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

YEAR OF BIRTH: \_\_\_\_\_

SEX:  Male  Female

RACE / ETHNIC IDENTIFICATION (Please check only one):

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- Filipino
- Native American

Do you believe you are a disabled person as defined by the Rehabilitation Act of 1973?

Yes  No If YES, please explain:

If you require special interview arrangements, please let us know when we contact you and reasonable effort will be made to accommodate you.

**HOW DID YOU FIND OUT ABOUT THIS JOB?**

(check one or more)

- City Employee
- Friend or Relative
- Job Announcement / Publication (Name): \_\_\_\_\_
- Newspaper (Name): \_\_\_\_\_
- Internet (Website): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_