

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	RESO	URCES
115	F ON	Y

Card Sent:

POSITION INFORMATION Type or print neatly on this the final filing date.	form in blue or black ink	. If application	ons are maile	d, they must be postmarked by
POSITION APPLIED FOR:				
Are you available for (check all that apply): part-time	work? temporary work	? overti	me? ever	nings? weekends?
PERSONAL INFORMATION				
NAME:				
Last	First			МІ
ADDRESS:Number Street	City		State	Zip Code
HOME PHONE: () WORK PH	ONE: ()	E	MAIL:	
Do you have a valid California Driver's License? Yes				
Can you provide proof that you are a U.S. citizen / legally a	allowed to work in this coun	try? Yes	s No	
EDUCATION, LICENSES & CERTIFICATES				
	E.D. Certificate Califo			
Circle Highest Grade Completed: 8 9 10 11 12 Coll	ege: 1 2 3 4 Post Gr	aduate Work	year	s
Name and Address of College, University, Vocational School or Institution	Course of Study or	Attenda	nce Dates	Degrees, Certificates, Units
vocational School of Institution	Major	FROM	то	or Hours
		· · · · · · · · · · · · · · · · · · ·		
Title and number of license, certificate or other credential, it				OFFICE USE ONLY
Title/Number				Verified By:
Title/Number	Issued By		Exp	

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

EXPERIENCE & EMPLOYMENT HISTORY

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

RESUME MAY BE ATTACHED BUT WILL **NO**T BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION NOTE: OMISSION OF ANY JOB MAY BE CAUSE FOR TERMINATION

NAME AND ADDRES	SS OF EMPLOYER:			
SUPERVISOR NAME	<u>:</u>	CURRENT PHONE: MAY WE CONTACT?	Yes	No
DATES EM	PLOYED	JOB TITLE:		
Month/Year FROM:	Month/Year TO:	DUTIES:		
TOTAL MONTHS:	HOURS PER WEEK:			
SALARY: \$				
PER: HOUR	MOYR.			
		REASON FOR LEAVING:		
NAME AND ADDRES	SS OF EMPLOYER:			
SUPERVISOR NAME	<u>.</u> ≣:	CURRENT PHONE: MAY WE CONTACT?	Yes	No
DATES EM		JOB TITLE:		
Month/Year FROM:	Month/Year TO:	DUTIES:		
TOTAL MONTHS:	HOURS PER WEEK:			
SALARY: \$				
PER: HOUR	MOYR.			
		REASON FOR LEAVING:		
NAME AND ADDRES	SS OF EMPLOYER:			
SUPERVISOR NAME	:	CURRENT PHONE: MAY WE CONTACT?	Yes	No
DATES EM		JOB TITLE:		
Month/Year FROM:	Month/Year TO:	DUTIES:		
TOTAL MONTHS:	HOURS PER WEEK:			
SALARY: \$				
PER: HOUR	MOYR.			
		REASON FOR LEAVING:		

EXPERIENCE & EMPLOYMENT HISTORY (CONT'D.)

NAME AND ADDRES	SS OF EMPLOYER:			
SUPERVISOR:		CURRENT PHONE: MAY WE CONTACT?	Yes	No
DATES EN		JOB TITLE:		
Month/Year FROM:	Month/Year TO:	DUTIES:		
TOTAL MONTHS:	HOURS PER WEEK:			
SALARY: \$				
PER: HOUR _	YR.			
		REASON FOR LEAVING:		
NAME AND ADDRES	SS OF EMPLOYER:			
SUPERVISOR NAME	Ē:	CURRENT PHONE: MAY WE CONTACT?	Yes	No
DATES EM Month/Year	IPLOYED Month/Year	JOB TITLE:		
FROM:	TO:	DUTIES:		
TOTAL MONTHS:	HOURS PER WEEK:			
SALARY: \$				
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		REASON FOR LEAVING:		
NAME AND ADDRES	SS OF EMPLOYER:			
SUPERVISOR NAME	<u>:</u>	CURRENT PHONE: MAY WE CONTACT?	Yes	No
DATES EM Month/Year	IPLOYED Month/Year	JOB TITLE:		
FROM:	TO:	DUTIES:		
TOTAL MONTHS:	HOURS PER WEEK:			
SALARY: \$				
PER: HOUR _	YR.			
		REASON FOR LEAVING:		

AWARDS & RECOGNITION

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

EXEMENT reply certify that all statements made in this application are true and I authorize investigation of all matters contained in this applications for this position of the post of the page 1 to the page 1 to the page 2 to the page 3 to the page 3 to the page 3 to the page 4 to the page 5 to the page 6 to the page 5 to the page 5 to the page 6 to the page 7 to the page 8 to the page 7 to the page 8 t	Name	Title / Company	Phone	Relationship to you
VICTIONS So answer to these questions is not an automatic bar to employment; each case is considered individually. Tyou ever been convicted of a felony or misdemeano?				, to all of the year
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REFERENCES



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):