



# CITY OF SOLEDAD

248 Main Street, PO Box 156

Soledad, CA 93960

(831) 223-5013

## APPLICATION FOR EMPLOYMENT

*Incomplete or illegible applications will not be accepted.*

TITLE OF POSITION		LAST 4-DIGITS OF SOCIAL SECURITY NUMBER		ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICANT'S NAME (LAST)		(FIRST)		(MIDDLE)	
ADDRESS (STREET & MAILING)		(CITY)		(STATE) (ZIP)	
CELLULAR PHONE # (      )	MESSAGE TELEPHONE # (      )	DO YOU PRESENTLY POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK/BUSINESS PHONE # (      )		LICENSE #: CLASS: EXPIRATION: / /			
Applicants who may be engaged in the operation of vehicles to fulfill job duties will be asked to provide a DMV printout.					
E-MAIL ADDRESS:		HAVE YOU EVER WORKED FOR THE CITY OF SOLEDAD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIST ANY OTHER NAMES USED:		FROM: TO:			
I AM AVAILABLE FOR EMPLOYMENT ON A TEMPORARY BASIS <input type="checkbox"/> PART TIME BASIS <input type="checkbox"/> F/T BASIS <input type="checkbox"/>		AVAILABLE FOR SHIFT DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT <input type="checkbox"/>			
ARE YOU A U.S.CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY THE CITY OF SOLEDAD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NATURALIZED, DATE OF CITIZENSHIP AND COUNTRY OF BIRTH: IF NO, TYPE OF VISA AND EXPIRATION DATE: ALIEN REGISTRATION#		NAME _____ RELATIONSHIP _____			
THE CITY OF SOLEDAD COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. ARE THERE ANY REASONS YOU MAY HAVE DIFFICULTY PERFORMING ANY OF THE MAJOR DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF SO, PLEASE EXPLAIN: _____					
IF APPLICABLE TO THE POSITION WHICH YOU ARE SEEKING, INDICATE OTHER SKILLS SUCH AS TYPING SPEED, BUSINESS MACHINES, COMPUTER HARDWARE OR SOFTWARE THAT YOU OPERATE, ETC. _____					
BILINGUAL LANGUAGE SKILLS: _____					
LANGUAGE:		<input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE			

EDUCATION AND TRAINING		CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 (G.E.D.)				COLLEGE	1	2	3	4	POST-GRADUATE	
EDUCATIONAL INSTITUTIONS	LOCATION	DATES ATTENDED		MAJOR SUBJECT	UNITS	DEGREE OR CERTIFICATE						
HIGH SCHOOL		FROM	TO									
COLLEGE/UNIVERSITY												
LICENSES, CERTIFICATIONS OR PROFESSIONAL REGISTRATIONS (You may omit associations which indicate race, religious creed, color, national origin, ancestry, sex or age)												
TYPE	NO.			EXPIRATION DATE								
TYPE	NO			EXPIRATION DATE								
PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS												
<b>Experience</b>												
List your work experience for the last 10 years, beginning with your current or most recent. List your experience to cover your work experience for the past 10 years as well as your past 3 employers. List full and part-time jobs, volunteer, self-employment and unemployment. Please do not leave any unexplained breaches of work history. Include Military services if it is related to this position. List each promotion separately. Experience beyond 10 years ago should be included if it is directly related to the position for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but it is <b>NOT</b> a substitute for completing this section. <b>THIS SECTION MUST BE COMPLETED.</b> Incomplete applications will not be considered.												
NAME OF EMPLOYER	TYPE OF BUSINESS			NO. OF EMPLOYEES								
ADDRESS	NO. OF PERSONS YOU SUPERVISED			NAME AND TITLE OF SUPERVISOR								
TELEPHONE NUMBER	MAY WE CONTACT NOW?			REASON FOR LEAVING								
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES											
JOB TITLE												
HOURS PER WEEK												
NAME OF EMPLOYER	TYPE OF BUSINESS			NO. OF EMPLOYEES								
ADDRESS	NO. OF PERSONS YOU SUPERVISED			NAME AND TITLE OF SUPERVISOR								
TELEPHONE NUMBER	MAY WE CONTACT NOW?			REASON FOR LEAVING								
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES											
JOB TITLE												
HOURS PER WEEK												
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DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES											
JOB TITLE												
HOURS PER WEEK												

NAME OF EMPLOYER	TYPE OF BUSINESS		NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR	
TELEPHONE NUMBER	MAY WE CONTACT NOW?  <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES		
JOB TITLE			
HOURS PER WEEK			
NAME OF EMPLOYER	TYPE OF BUSINESS		NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR	
TELEPHONE NUMBER	MAY WE CONTACT NOW?	REASON FOR LEAVING	
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES		
JOB TITLE			
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TELEPHONE NUMBER	MAY WE CONTACT NOW?	REASON FOR LEAVING	
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES		
JOB TITLE			
HOURS PER WEEK			
ADDITIONAL WORK HISTORY SPACE ON THE BACK OF THIS SHEET			
NAME OF EMPLOYER	TYPE OF BUSINESS		NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR	
TELEPHONE NUMBER	MAY WE CONTACT NOW?	REASON FOR LEAVING	
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES		
JOB TITLE			
HOURS PER WEEK			

1. I hereby certify that all statements made in this application are true and complete, and any misstatements, omissions, or falsifications of material facts **will be cause** of my immediate termination of my employment with the City of Soledad.
2. I understand that employment is contingent upon successful completion of a job related physical examination, background check and I agree to be fingerprinted.
3. I authorize the release of any information necessary to verify the statements made in this application to the City of Soledad or its duly authorized agents.
4. I understand that employment is contingent upon my providing verification of my identity and legal right to work in the U.S.
5. I understand that in order for me to be considered for employment by the City of Soledad I must submit to a pre-employment Drug Screening that consists of a urine test to determine the presence of illegal drugs. I will be asked to submit to this test after a contingent offer of employment has been extended to me. I understand that if the results of these tests are positive, the City of Soledad will withdraw the contingent offer of employment and I will not be considered further for employment.

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

POSITION FOR WHICH YOU APPLIED:

In accordance with Section 1233 of the State Government Code and Section 1420 of the State Labor Code, the information requested below will be used for statistical and reporting purposes only. It will enable the City of Soledad to more effectively evaluate the recruitment process in compliance with Equal Opportunity Employment laws and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be made a part of the selection process. If you have any questions regarding this request, please contact the City of Soledad. Thank you for your assistance.

MALE  
 FEMALE

AGE:  17 & Under  
 18 to 21

22 to 39  
 40 to 65

RACE/ETHNIC CATEGORY:

- HISPANIC OR LATINO**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- WHITE** (Not Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK OR AFRICAN AMERICAN** (Not Hispanic or Latino): All persons having origins in the black racial groups of Africa.
- AMERICAN INDIAN OR ALASKAN NATIVE** (Hispanic or Latino): All persons having origins in any of the original peoples of North and South America (Including Central America), and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa
- TWO OR MORE RACES** (Not Hispanic or Latino): All persons who identify with more than one of the above five races
- I DO NOT WISH TO SELF-IDENTIFY**

ABLE-DISABLED CATEGORY:

If you have a disability that would interfere with you performing the job for which you are applying, please indicate. All information is voluntary, and will be kept confidential.

- HEARING IMPAIRMENT
- VISUAL IMPAIRMENT
- ORTHOPEDIC DISABILITY
- MENTAL/EMOTIONAL DISORDER
- MEDICAL CONDITION
- OTHER

JOB SOURCE INFORMATION:

Please indicate where you learned about this job vacancy:

- Interest card received
- Newspaper (please specify)
- Job flyer posted at another agency
- State employment office
- Professional journal or publication (please specify)
- College placement service (please specify)
- Jobs available
- Friend or relative
- Other (please specify)

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**Please contact Human Resources if you require special accommodations during the examination process.**

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