



AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

This application is part of the examination process. Failure to meet all the requirements listed in the job announcement and the established class specification by the final filing date is cause for rejection. It is the applicant's responsibility to insure that the application and any required certificates are on file at City Hall in the personnel department no later than 5:00 p.m. on the filing date. Late applications will be rejected. Postmarks not accepted. Print in ink or use typewriter. Answer all questions completely and accurately. All information is subject to verification. False statements may be cause for rejection of the application, removal of name from eligible list or dismissal from position.

(Position applying for: EXACT TITLE): \_\_\_\_\_

Name: \_\_\_\_\_ Do you have a valid US Social Security Card?: \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Number) (Street) (City) (State) (Zip Code)

(Home Phone) (Cell phone) (e-mail address)

Do you have a valid driver's license? (proof required after hire) : \_\_\_\_\_ Class \_\_\_\_\_ Expiration date: \_\_\_\_\_ State of Issuance \_\_\_\_\_

Are you related to a current employee of the City of Atascadero? Yes \_\_\_\_\_ If yes, please give their name and department: \_\_\_\_\_  
 No \_\_\_\_\_

If hired, are you willing to (answer yes or no to the following questions):

Submit proof of age? \_\_\_\_\_ Be fingerprinted? \_\_\_\_\_ Work full time? \_\_\_\_\_ Work part time? \_\_\_\_\_

Submit proof of Citizenship or legal right to remain and work in the U.S.? \_\_\_\_\_ Have a physical examination? \_\_\_\_\_

Work temporary? \_\_\_\_\_ Work weekends and holidays? \_\_\_\_\_ Work nights? \_\_\_\_\_

**Education and Training:** Applicants may be required to furnish proof of academic training by transcript or diploma.

Highest school grade completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ If not, do you have a GED Certificate? \_\_\_\_\_

Give name and location of last school attended (High School or College, whichever applies). \_\_\_\_\_

College or University	Major / Minor	Units	Degree

Are you a veteran of the U.S. military? \_\_\_\_\_ Are you a public agency retiree? \_\_\_\_\_

Provide any additional information pertinent to this position. Include certificates or licenses of professional or vocational competence, membership in professional or technical associations; ability to use specialized tools or equipment, foreign language skills.

(For Office Use Only)

Accepted by \_\_\_\_\_ Date \_\_\_\_\_ Typing WPM \_\_\_\_\_ Date Hired \_\_\_\_\_

**EXPERIENCE:** Show your present job first, then list all other jobs in order, working down from most recent. Use a separate block for each job title held even if held within the same organization. Show experience for the past 10 years and also earlier experience which may pertain to the position for which you are applying. Use additional sheets if necessary. List any job related volunteer experience you may have had. If hours worked per week varied, give average. **RÉSUMÉS WILL NOT BE ACCEPTED IN LEIU OF THE REQUIREMENTS OF THIS SECTION.** A résumé may be added.

From: Month _____ Year _____ To: Month _____ Year _____ \$ _____ Per _____ Hours worked Per Week _____	Firm Name & Address:  Phone Number: _____	Position Title: Supervisor : Reason for Leaving:	Duties:
From: Month _____ Year _____ To: Month _____ Year _____ \$ _____ Per _____ Hours worked Per Week _____	Firm Name & Address:  Phone Number: _____	Position Title: Supervisor: Reason for Leaving:	Duties:
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From: Month _____ Year _____ To: Month _____ Year _____ \$ _____ Per _____ Hours worked Per Week _____	Firm Name & Address:  Phone Number: _____	Position Title: Supervisor: Reason for Leaving:	Duties:

Were you ever discharged or asked to resign from a position? \_\_\_\_\_

Would you object to your previous/current employer being contacted? \_\_\_\_\_

If "Yes" to either of the above, please explain:

\_\_\_\_\_

12. CERTIFICATE OF APPLICANT - READ CAREFULLY BEFORE SIGNING: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal. I hereby consent and agree that the City of Atascadero may conduct such background investigations as it deems necessary for the purpose of determining my qualifications and fitness for employment, as well as conducting investigations into possible misconduct. Under California Civil Code § 1786.53, I may elect to receive or not receive any public records which may be obtained by the City of Atascadero for employment purposes.  I elect to receive public records.  I elect not to receive public records. I hereby authorize the release of information pertaining, but not limited to, my education, driving, military, police and prior employment records to the City of Atascadero upon request. I hereby authorize any former employer, its employees & representative, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the City of Atascadero and any of its employees, representatives and agents. This information may be provided either verbally or in writing. I agree to undergo a medical examination by a City-paid medical practitioner and fully understand that employment is contingent upon meeting the City's medical requirements.

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