



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 CalPERS retiree? _____ (Note: A "Yes" answer does not preclude employment, but any offer of employment will be conditioned on reinstatement into CalPERS).

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. **RESUMÉS WILL NOT BE ACCEPTED IN LEIU OF THE REQUIREMENTS OF THIS SECTION.** A résumé may be added.

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

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: _____