



APPLICATION FOR EMPLOYMENT

CITY OF EL CAJON, CALIFORNIA

200 East Main Street
El Cajon, CA 92020

OFFICE USE ONLY

- QUALIFIED
MQ
LQ - Ed Exp
VETERAN PTS
PREFERENCE PTS

ANSWER ALL QUESTIONS
USE INK, TYPEWRITER, OR COMPUTER
PLEASE PRINT

EXACT TITLE OF POSITION APPLIED FOR EXAM #

NAME SOCIAL SECURITY NUMBER
Last Name First Name Middle Name

MAILING ADDRESS
Street, Apt. # City State Zip

TELEPHONE: HOME CELL BUSINESS

E-MAIL ADDRESS:

DRIVER'S LICENSE NUMBER STATE EXPIRATION DATE CLASS

EDUCATION & TRAINING

Table with 3 columns: CIRCLE HIGHEST GRADE IN SCHOOL COMPLETED, NAME OF SCHOOL & LOCATION, DID YOU GRADUATE?

Table with 5 columns: COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED, CITY/STATE, MAJOR/SUBJECT, UNITS COMPLETED, DEGREE/CERT AWARDED

Certificates or Licenses of Professional or Vocational Competence: (Please attach photocopies)

Membership in Professional or Technical Associations: (Must be active)

Other Special Training or Skills: (Language, office equipment, machine operation, etc.)

Are you a current City of El Cajon employee?
Are you related to a current City of El Cajon employee?
Have you ever been employed by the City of El Cajon?
Please note, this information will not disqualify you.

REMARKS: (Attach additional sheet if necessary)

Military Information - In order to be considered eligible for the following veteran preference points, you **must** attach photocopy of DD214 or appropriate documents at time of application.

Veteran Disabled Veteran Spouse of Disabled Veteran

BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	RANK	TYPE OF DISCHARGE

EMPLOYMENT - List all jobs you have held in the last ten years or longer. Explain any gaps in employment. **Resumes may NOT be substituted.** Provide all information relevant to the position for which you are applying. By being complete, you may improve your chances for employment. You may attach additional sheets if necessary.

PUT YOUR PRESENT OR MOST RECENT JOB FIRST.

FROM _____ TO _____ Month/Year Month/Year	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS _____ PHONE () _____	DESCRIBE DUTIES/RESPONSIBILITIES _____ _____
REASON FOR LEAVING _____	# SUPERVISED _____ SALARY PER MONTH _____ HOURS WORKED/WEEK _____
FROM _____ TO _____ Month/Year Month/Year	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS _____ PHONE () _____	DESCRIBE DUTIES/RESPONSIBILITIES _____ _____
REASON FOR LEAVING _____	# SUPERVISED _____ SALARY PER MONTH _____ HOURS WORKED/WEEK _____
FROM _____ TO _____ Month/Year Month/Year	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS _____ PHONE () _____	DESCRIBE DUTIES/RESPONSIBILITIES _____ _____
REASON FOR LEAVING _____	# SUPERVISED _____ SALARY PER MONTH _____ HOURS WORKED/WEEK _____

May we contact your present employer? Yes No If no, please explain _____

Have you ever been fired or forced to resign from a job? Yes No If yes, please explain _____

NOTE: After employment, you must submit proof of your legal right to work in the United States.

AFFIDAVIT - READ VERY CAREFULLY

I DECLARE UNDER PENALTY OF PERJURY THAT ALL ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNTRUTHFULNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL FROM AN ELIGIBLE LIST OR DISMISSAL FROM CITY EMPLOYMENT.

I UNDERSTAND THAT A PHYSICAL EXAMINATION PRIOR TO EMPLOYMENT, AN ALCOHOL AND DRUG SCREEN, BACKGROUND INVESTIGATION, CREDIT CHECK, AND/OR D.M.V. CHECK MAY BE REQUIRED. I UNDERSTAND THAT THE RESULTS OF ANY OF THE FOREGOING MAY BE GROUNDS FOR DISQUALIFICATION.

SIGNATURE _____ DATE _____

RELEASE AND WAIVER OF LIABILITY

In cooperation with the City of El Cajon in their investigation of the background of prospective employees, I hereby request and authorize my references, previous employers and present employer to provide any information you may have concerning me including, but not limited to information of a confidential or negative nature. I hereby release all Parties from any and all liability for damages that may result from furnishing such information, as well as from the use of, or disclosure of such information by the City of El Cajon to its officers and agents. I understand that any information furnished to the City of El Cajon as a result of this request and authorization shall remain confidential and will be used solely to evaluate my prospective employment with the City of El Cajon.

Printed Name of Applicant

Applicant Signature

Date of Birth

Social Security Number

Date



CONFIDENTIAL

The information you provide on this form will be detached from the application prior to the examination process.

NAME:	JOB TITLE:
SOCIAL SECURITY NUMBER:	EXAM NUMBER:

Have you ever been CONVICTED of a MISDEMEANOR or FELONY other than minor traffic violations and/or placed on probation, fined or given a suspended sentence in court? Include any convictions by military trial and any criminal charges for which you are awaiting trial. List all cases other than minor traffic violations. (Driving under the influence, reckless or hit-and-run driving are not minor traffic violations.) Your fingerprints will, at some point, be sent to State and Federal agencies and all offers of employment or continued employment will be subject to satisfactory review of any criminal convictions. PLEASE NOTE: A full disclosure by you is to your advantage, as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s), as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account.

NO YES If yes, please explain _____

NOTE: If you have a disability, which may require "Reasonable Accommodation" in the testing process, you will need to obtain and complete a "Reasonable Accommodation Request Form" from the Human Resources Department at the time of application.

How did you learn about this position? **Please be very specific.**

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> City Employee | <input type="checkbox"/> Recorded Job Line |
| <input type="checkbox"/> Internet Site _____
<small>(name)</small> | <input type="checkbox"/> Magazine / Newspaper _____
<small>(name)</small> |
| <input type="checkbox"/> Job Bulletin _____
<small>(where)</small> | <input type="checkbox"/> Posted Flyer _____
<small>(where)</small> |
| <input type="checkbox"/> City Bulletin Board (Cable TV) | <input type="checkbox"/> Other _____ |

CITY OF EL CAJON AFFIRMATIVE ACTION RESEARCH PROJECT

The City of El Cajon requests that applicants voluntarily provide the following information. This information will not be included with your application, but will be available for research and evaluation purposes only. This information will have absolutely no effect on our selection process. Thank you for your cooperation.

Age: _____ Gender: Female Male

I consider myself a member of the following ethnic group: (Check only one)

- | | |
|-------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian / Filipino / Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American | |

I declare that the foregoing is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____