



APPLICATION FOR EMPLOYMENT

CITY OF EL CAJON, CALIFORNIA

200 Civic Center Way
El Cajon, CA 92020

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

OFFICE USE ONLY

- QUALIFIED
MQ
LQ - Ed Exp
VETERAN PTS
PREFERENCE PTS

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: CHECK 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?
If yes, which department?
If yes, whom?
If yes, when?
Job Title?

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	DESCRIBE DUTIES/RESPONSIBILITIES	
PHONE (     )		

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

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

REASON FOR LEAVING	# SUPERVISED _____ SALARY PER MONTH _____ HOURS WORKED/WEEK _____
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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.

NOTE: THE CITY OF EL CAJON HAS PREPARED AND MAINTAINS AN EQUAL EMPLOYMENT OPPORTUNITY PROGRAM IN THE HUMAN RESOURCES DEPARTMENT. YOU HAVE THE RIGHT TO REVIEW THE PROGRAM DURING CITY HALL'S REGULAR BUSINESS HOURS OF OPERATION, MONDAY THROUGH FRIDAY, 8:00 A.M. TO 5:00 P.M.

**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 \_\_\_\_\_