

## **EMPLOYMENT APPLICATION**

## **City of Sausalito**

420 Litho Street, Sausalito, CA 94965 Personnel Office: (415) 289-4130 / FAX (415) 289-4167

**INSTRUCTIONS:** Answer all questions completely and accurately. Use a typewriter or print legibly in ink. All statements are subject to verification. An incorrect statement may bar or remove you from employment.

Position Desired				_ Email	Addres	s			
Name		FIRST				MIDDLE			
Address						BBEE			
Phones: Home ( )					ZIP	Ce	ell ( )		
Social Security No.									
Date of Birth (Optional except required for Po									
- Date of Birth (Optional except required for 1 of	100 4 1		MONTH		DAY	,	YEAR		
В	ACKG	ROUNE	) INFO	RMATI	ON				
Have you ever been employed by the City of	Sausali	to?					Yes _		No
Do you have any relatives employed by the C	ity of S	ausalito?					Yes _		No
Have you ever been convicted of a felony?							Yes _		No
Are you currently on Active Reserve Military s	tatus?						Yes _		No
Are there any reasons you may have difficulty in performing any of the major duties of the job for which you have applied?  Yes						No			
If the answer to the question is "Yes", explain	fully be	low. Use	page 4	and add	itional sl	neets if r	necessar	у.	
Do you have the legal right to work in the Unit (Proof of U.S. citizenship or immigrati			required	l upon er	mployme	ent.)	Yes _		No
EC	DUCA.	TIONAL	BACK	GROU	ND				
Do you have a High School Diploma or GED?	•						Yes _		No
Highest grade completed (Circle one): 0-8	9	10	11	12	13	14	15	16	16+
College / University	# U	nits	Degr	ee			Мајог	•	
Specialized training for this position:									
List any related technical or professional licen	ses:							Expir	ation Dates:

## **WORK EXPERIENCE**

Please list all jobs you have held for the past 10 years. Include any positions held more than 10 years ago which you feel are related to this position. Start with your most recent position and work backward. Attach additional sheets if necessary. You must complete this section fully for <u>all</u> positions. Your resume does not substitute for this information.

<b>1.</b> From	Job Title				
То					
Phone #	Employer				
Salary: Start					
Describe Job Duties:					
# Supervised Reason f	Leaving				
May we contact this employer?	Yes No No				
<b>2.</b> From	Job Title				
To					
Phone #					
Salary: Start					
Final					
Describe out Duties.					
# Supervised Reason t	Leaving				
May we contact this employer?					
3.					
From	Job Title				
To					
Phone #	Employer				
Salary: Start	Address				
Final					
Describe Job Duties:					
# Owner dead					
# Supervised Reason to					
May we contact this employer? Yes \( \square\) No \( \square\)					

<b>4.</b> From	Job Title					
То	Supervisor's Name					
Phone #						
Salary: Start	Address					
Final						
Describe Job Duties:						
·						
# Supervised Reason	n for Leaving					
May we contact this employer	? Yes No No					
5.						
From	Job Title					
То	Supervisor's Name					
Phone #	Employer					
Salary: Start	Address					
Final						
Describe Job Duties:						
# Supervised Reason	n for Leaving					
May we contact this employer	? Yes No No					
	QUALIFICATIONS STATEMENTS					
In your own words, please position. (Use only the spa	explain why you are interested in or feel yourself to be especially qualified for the					
position. (Osc only the spe	ice provided.)					

Continue to next page

<b>REMARKS:</b> Use the space below to continue your information you feel the City should consider in review	
OFDI	FIFICATION
CERI	TIFICATION
hat any false statements may subject me to disquinvestigate my qualifications, employment record or also agree, if required, to undergo a medical examin	ue and complete to the best of my knowledge. I understand calification or dismissal. I authorize the City of Sausalito to character through sources mentioned in this application. I nation and/or a psychiatric examination by a City designated employment is contingent upon meeting the City's medical
Jpon request, reasonable accommodation will be ma	ade for disabilities and for religious reasons when necessary.
applicants in hiring or employment on the basis of ra	ployer and as such does not discriminate against qualified ace, color, religious creed, national origin, sex or age, nor on ion on this application is intended to secure information to be
Signature	 Date

## **APPLICATION TRACKING FORM**

To further its commitment to equal employment opportunity, the City of Sausalito requests that applicants voluntarily respond to the questions below. The information will be detached from the application upon receipt and will be used for research and evaluation purposes only. All information is confidential and will have no effect on our selection process.

Position	Date	
Gender: Male  Female		
Date of Birth:	Present Age:	
Are you physically or mentally handicapped?	Yes No No	
If you answered yes, please state the nature of	f your handicap	
Are you a U.S. Military Veteran? Yes	No 🗌	
Ethnic Origin: Please check the one category	that best describes you:	
	er)	
R	EFERRAL SOURCE	
Posted job announceme	nt (list where posted)	
Newspaper (name)		
Professional Journal (na	Professional Journal (name)	
Website (name)	Website (name)	
Friend or Relative	Friend or Relative	
Other (specify)	Other (specify)	