EMPLOYMENT APPLICATION
City of Sausalito
420 Litho Street, Sausalito, CA 94965
Human Resources Administrator: (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 Address _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Phones: Home ( ) _____ Work ( ) _____ Cell ( ) _____

Do you have a valid California Driver's License: Yes _____ No _____

BACKGROUND INFORMATION

Have you ever been employed by the City of Sausalito? Yes _____ No _____

Do you have any relatives employed by the City of Sausalito? Yes _____ No _____

Are you currently on Active Reserve Military status? 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 below. Use page 4 and additional sheets if necessary.

_____

_____

_____

Do you have the legal right to work in the United States? Yes _____ No _____
(Proof of U.S. citizenship or immigration status will be required upon employment.)

EDUCATIONAL BACKGROUND

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	# Units	Degree	Major

Specialized training for this position: _____

_____

_____

List any related technical or professional licenses: Expiration 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 all positions. Your resume does not substitute for this information.***

1.

From _____ Job Title _____

To _____ Supervisor's Name_____

Phone # _____ Employer _____

Salary: Start _____ Address _____

Final _____ _____

Describe Job Duties: _____

_____

_____

Supervised _____ Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

2.

From _____ Job Title _____

To _____ Supervisor's Name_____

Phone # _____ Employer _____

Salary: Start _____ Address _____

Final _____ _____

Describe Job Duties: _____

_____

_____

Supervised _____ Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

3.

From _____ Job Title _____

To _____ Supervisor's Name_____

Phone # _____ Employer _____

Salary: Start _____ Address _____

Final _____ _____

Describe Job Duties: _____

_____

_____

Supervised _____ Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

Continue to next page

4.

From _____ Job Title _____

To _____ Supervisor's Name_____

Phone # _____ Employer _____

Salary: Start _____ Address _____

Final _____ _____

Describe Job Duties: _____

_____

_____

Supervised _____ Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

5.

From _____ Job Title _____

To _____ Supervisor's Name_____

Phone # _____ Employer _____

Salary: Start _____ Address _____

Final _____ _____

Describe Job Duties: _____

_____

_____

Supervised _____ Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

QUALIFICATIONS STATEMENTS

In your own words, please explain why you are interested in or feel yourself to be especially qualified for the position. (Use only the space provided.)

_____

_____

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_____

_____

Continue to next page

REMARKS: *Use the space below to continue your answers to any items, or to provide any additional information you feel the City should consider in reviewing your application for employment.*

CERTIFICATION

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that any false statements may subject me to disqualification or dismissal. I authorize the City of Sausalito to investigate my qualifications, employment record or character through sources mentioned in this application. I also agree, if required, to undergo a medical examination and/or a psychiatric examination by a City designated physician and/or psychiatrist and understand that employment is contingent upon meeting the City's medical requirements.

Upon request, reasonable accommodation will be made for disabilities and for religious reasons when necessary.

The City of Sausalito is an Equal Opportunity Employer and as such does not discriminate against qualified applicants in hiring or employment on the basis of race, color, religious creed, national origin, sex or age, nor on the basis of physical or mental handicaps. No question on this application is intended to secure information to be used for such discrimination.

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 ☐

If you answered yes, please state the nature of your handicap _____

Are you a U.S. Military Veteran? Yes ☐ No ☐

Ethnic Origin: Please check the one category that best describes you:

- ☐ American Indian or Alaskan Native
- ☐ Asian (not Pacific Islander)
- ☐ Pacific Islander
- ☐ Black
- ☐ Hispanic
- ☐ White (not of Hispanic origin)
- ☐ Other (please state): _____

REFERRAL SOURCE

- ☐ Posted job announcement (list where posted) _____
- ☐ Newspaper (name) _____
- ☐ Professional Journal (name) _____
- ☐ Website (name) _____
- ☐ Friend or Relative _____
- ☐ Other (specify) _____