



U.S. ARMED FORCES  YES  NO  
 BRANCH OF SERVICE \_\_\_\_\_ YEARS OF ACTIVE DUTY \_\_\_\_\_ DATE OF SEPARATION FROM ACTIVE DUTY \_\_\_\_\_ RANK \_\_\_\_\_

IF YOU WISH TO CLAIM VETERAN'S CREDIT YOU MUST ATTACH A COPY OF FORM DD 214 TO YOUR APPLICATION

EXPERIENCE: LIST YOUR PRESENT OR MOST RECENT JOB FIRST. CAREFULLY ACCOUNT FOR ALL RECENT EMPLOYMENT (AT LEAST THE LAST TEN YEARS). BY GIVING COMPLETE INFORMATION, YOU WILL IMPROVE YOUR CHANCES FOR EMPLOYMENT. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEETS.

MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO, IF 'NO' EXPLAIN:

FROM: MONTH/YEAR //	TO: MONTH/YEAR //	TITLE OF YOUR POSITION
NAME OF EMPLOYER		DUTIES OF YOUR POSITION
ADDRESS:		
NAME OF SUPERVISOR		
PHONE #: ( ) - x		
REASON FOR LEAVING		
NO. SUPERVISED (IF ANY)		SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH HOURS PER WEEK

FROM: MONTH/YEAR //	TO: MONTH/YEAR //	TITLE OF YOUR POSITION
NAME OF EMPLOYER		DUTIES OF YOUR POSITION
ADDRESS:		
NAME OF SUPERVISOR		
PHONE #: ( ) - x		
REASON FOR LEAVING		
NO. SUPERVISED (IF ANY)		SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH HOURS PER WEEK

FROM: MONTH/YEAR //	TO: MONTH/YEAR //	TITLE OF YOUR POSITION
NAME OF EMPLOYER		DUTIES OF YOUR POSITION
ADDRESS:		
NAME OF SUPERVISOR		
PHONE #: ( ) - x		
REASON FOR LEAVING		
NO. SUPERVISED (IF ANY)		SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH HOURS PER WEEK

FROM: MONTH/YEAR //	TO: MONTH/YEAR //	TITLE OF YOUR POSITION
NAME OF EMPLOYER		DUTIES OF YOUR POSITION
ADDRESS:		
NAME OF SUPERVISOR		
PHONE #: ( ) - x		
REASON FOR LEAVING		
NO. SUPERVISED (IF ANY)		SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH HOURS PER WEEK

FROM: MONTH/YEAR //	TO: MONTH/YEAR //	TITLE OF YOUR POSITION
NAME OF EMPLOYER		DUTIES OF YOUR POSITION
ADDRESS:		
NAME OF SUPERVISOR		
PHONE #: ( ) - x		
REASON FOR LEAVING		
NO. SUPERVISED (IF ANY)		SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH HOURS PER WEEK

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE CONCERNING YOUR QUALIFICATIONS FOR THIS POSITION.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEVE I UNDERSTAND THAT FALSE STATEMENTS ARE CAUSE FOR REJECTION OF APPLICATION. REMOVAL OF NAME FROM ELIGIBLE LIST OR DISMISSAL FROM POSITION. (AGENCY NAME MUNICIPAL CODE ENTER YOUR MUNICIPAL CODE)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

IN ORDER TO COMPLY WITH FEDERAL REGULATIONS IN THE AREA OF EQUAL EMPLOYMENT OPPORTUNITY, AGENCY NAME REQUESTS THAT APPLICANTS PROVIDE THE FOLLOWING INFORMATION. THIS IS VOLUNTARY. THE INFORMATION WILL BE TREATED CONFIDENTIALLY AND WILL NOT RESULT IN ADVERSE TREATMENT OF ANY INDIVIDUAL. THIS INFORMATION MAY BE PROVIDED TO STATE AND FEDERAL REGULATORY AGENCIES.

POSITION APPLYING FOR: \_\_\_\_\_ JOB BULLETIN NO.: \_\_\_\_\_ DATE: / /  
LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE/ZIP CODE: \_\_\_\_\_ /  
SOCIAL SECURITY NO: - - \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

ETHNIC BACKGROUND (see below for definitions)

- White  Asian or Pacific Islander  
 Black  American Indian  
 Hispanic  Other

HIGH SCHOOL EDUCATION (check the highest grade completed):

- 1  2  3  4  5  6  7  8  9  10  11  12

COLLEGE EDUCATION (check appropriate number):

- 1  2  3  4  5  6  7  8  
 AA  BA/BS  MA/MS  Ph.D.

PLEASE TAKE A FEW MOMENTS TO ANSWER THE FOLLOWING QUESTION. YOUR RESPONSE WILL HELP US ASSESS HOW EFFECTIVE OUR RECRUITMENT EFFORTS WERE FOR THIS POSITION. HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?

- |   |  |
|---|--|
| <input type="checkbox"/> GOVJOBS.COM      | <input type="checkbox"/> TV (List station)             |
| <input type="checkbox"/> Friend/Relative  | <input type="checkbox"/> Radio (List station)          |
| <input type="checkbox"/> City Employee    | <input type="checkbox"/> Newspaper (List publication)  |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Magazine (List publication)   |
| <input type="checkbox"/> City Website     | <input type="checkbox"/> Job Fair (List fair)          |
| <input type="checkbox"/> Other Website    | <input type="checkbox"/> Other Source(s) (List source) |

ETHNIC/RACIAL DEFINITIONS ARE THOSE PRESCRIBED BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (SEE U.S.C., TITLE 29, CHAPTER XIV, SUBPART 1, SECTION 1602.30).

1. The Category "White" (not of Hispanic origin): all persons having origins in any of the original people of Europe, North Africa or the Middle East.
2. The Category "Black" (not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.
3. The Category "Hispanic": all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
4. The Category "Asian or Pacific Islanders": all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
5. The Category "Pacific Islands": this area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
6. The Category "American Indian or Alaskan Native": all persons having origins in any of the original peoples of North America, and who maintain cultural identification through affiliation or community recognition.