

APPLICATION FOR EMPLOYMENT

CITY OF SANTA ROSA

Check One

- ☐ New Applicant
☐ Reemployment Applicant
☐ Transfer Applicant

The City of Santa Rosa is an equal opportunity employer.

All applications for employment will be considered without regard to gender, age or marital status.

Personal Data

Last Name	First Name	Middle Name or Initial	Date of Application
Physical Address (Number and Street)	City	State Zip Code	Contact #1
Mailing Address (If different from above)	City	State Zip Code	Contact #2

Position Desired

Position/Type of Work Desired	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available	Salary Desired
Source of Referral:	Agency (name) _____ Publication (name) _____ School/Organization _____	Own initiative _____ City Employee (name) _____ Other _____		
Do you have relatives employed by the City of Santa Rosa? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Were you ever employed by the City of Santa Rosa: <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Have you previously applied to the City of Santa Rosa? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		

Employment History

Name of Employer	Title or Position		
Address	City	State Zip Code	Area Code/Phone #
Employment dates (Mo. & Year) From: To:	Starting Salary \$ Per	Final Salary \$ Per	Other Compensation
Name & Title of Immediate Supervisor	Reason for Leaving		
Description of Duties:			

Previous Employer

Name of Employer	Title or Position		
Address	City	State Zip Code	Area Code/Phone #
Employment Dates (Mo. & Year)	Starting Salary \$ Per	Final Salary \$ Per	Other Compensation
Name and Title of Immediate Supervisor	Reason for Leaving		
Description of Duties:			

Previous Employer

Name of Employer			Title or Position	
Address	City	State	Zip Code	Area Code/Phone #
Employment Dates (Mo. & Year)	Starting Salary \$ Per	Final Salary \$ Per	Other Compensation	
Name and Title of Immediate Supervisor	Reason for Leaving			
Description of Duties:				

Previous Employer

Name of Employer			Title or Position	
Address	City	State	Zip Code	Area Code/Phone #
Employment Dates (Mo. & Year)	Starting Salary \$ Per	Final Salary \$ Per	Other Compensation	
Name and Title of Immediate Supervisor	Reason for Leaving			
Description of Duties:				

EDUCATION

	High School or General Equivalency Diploma (GED)	Undergraduate College/University	Graduate/ Professional	Business/ Technical School
School Name and Location				
Diploma/Degree/Credits				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Abilities

Please check: ☐ Desktop Computer ☐ Copy Machine ☐ Fax Machine ☐ Adding Machine
☐ Microsoft Word ☐ Microsoft Excel ☐ Microsoft PowerPoint ☐ Laserfiche
☐ Type WPM _____ ☐ Shorthand WPM _____ Other(s): _____

Training

Sponsoring Organization and Location	Name of Course, Seminal, etc.	C.E.U's	No. of Hours	Dates

Volunteer Activities

(You need not list organizations whose name or nature indicates your race, sex, national origin, age or religion.)

Organization	Position/Offices Held	Describe Responsibilities and Services	No. of Years

Statement

Explain briefly why you are interested in working for our organization:

References

List persons other than relatives that know of your qualifications and/or background experience.

Name	Profession	Area Code/Tel. No.	Business or Home Address
		B: H:	
		B: H:	
		B: H:	

Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation?

☐ Yes

☐ No

If yes, please explain:

Have you ever used a different name for school or employment? ___Yes ___No If so what name? _____

If hired can you furnish proof that you meet the states minimum work age requirement? ___Yes ___No

If hired can you furnish proof you are legally entitled to work in the United States? ___Yes ___No

Answer the following, only if the position for which you are applying requires driving:

Are you licensed to drive a car? ___Yes ___No State_____ Class_____ License #_____ Exp. Date_____

Authorization

I hereby authorize the City of Santa Rosa to check my educational references, personal and employment references. I further authorize these references to release to the City of Santa Rosa all information that they may have about me.

I understand that the City of Santa Rosa in consideration for employment will obtain driving records and if needed a criminal background history. I also understand that once an individual has been selected to fill a vacant position as a law enforcement officer or a position requiring a commercial driver's license (CDL), including temporary positions, the employee will be tested for alcohol or drugs when he reports for his pre-employment medical examination. A confirmed positive test result is grounds for revoking the job offer. City employees are subject to drug testing if reasonable suspicion is found.

I understand that this employment application and any other City of Santa Rosa documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the City of Santa Rosa at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification or references and satisfactory completion of a probationary period.

I understand that this application will be considered active for 90 days. If you have not been hired within 90 days of submitting this application and you wish to be considered for employment you must complete a new application.

Signature_____ Date_____

City Clerk Use Only:

Date Application Received: _____

Received By: _____

Interview Date: _____

Interview Time: _____