

PRE-EMPLOYMENT APPLICATION

The City of

Daly City

HUMAN RESOURCES DEPARTMENT

Cedar Hill Office Building

295 - 89th Street, Suite 105

Daly City, CA 94015-1691

Phone: (650) 991-8028 TDD: (650) 991-8278

Office Hours: 8:00 AM to 5:00 PM

Monday-Friday (Except Holidays)



For Human Resources Office Use Only

Date Received

Answer all questions **completely**. Type or print with ink only. Résumés **will not be accepted in lieu** of a City of Daly City application.

► **Disabled Applicants:** If you wish to request special testing arrangements, please contact the Human Resources Department.

Reasonable accommodations will be discussed with you.

POSITION FOR WHICH YOU ARE APPLYING:

(Job Title on Employment Bulletin)

SOC. SEC. #:

ARE YOU AT LEAST 16 YEARS OLD?

YES

NO

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

HOURLY

CURRENT

ADDRESS:

NUMBER

STREET

APT. #

CITY

STATE

ZIP CODE

TELEPHONE:

HOME

WORK

PREVIOUS ADDRESS:

(If at present address less than three years.)

NUMBER

STREET

APT. #

CITY

STATE

ZIP CODE

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

TELEPHONE

HAVE YOU BEEN **CONVICTED** OF A FELONY OR MISDEMEANOR SINCE YOUR 18TH BIRTHDAY?

YES

NO

If yes, state when, where and disposition of case:

VALID DRIVER'S LICENSE:

State of Issue

Number

Type

Expiration Date

EDUCATION AND TRAINING:

Check box if you possess one of the following:

High School Diploma

G.E.D. Certificate

California H.S. Proficiency Cert.

Select Highest Grade Completed:

College:

Graduate Work

Years

PROFESSIONAL LICENSE, CERTIFICATE OR OTHER CREDENTIAL IF REQUIRED FOR THIS POSITION:

Description

Number

Issued by Whom?

Expiration Date

	Name and Address of College, University Trade, Vocational School or Institute	Course of Study or Major	UNITS Completed		Degrees, Certificates
			Sem.	Qtr.	
A.					
B.					
C.					

EMPLOYMENT HISTORY

1. Give **complete** information for jobs held during the past 10 years.
2. Show your present or most recent job first.

3. Verifiable voluntary experience may be considered if job related.
4. If you were employed under another name, please indicate in the "Reason for Leaving" section.

Name and Address of Employer:	JOB TITLE: Supervisor's Name/Title
DATES EMPLOYED: Month Year Month Year From: / To: /	DESCRIPTION OF DUTIES:
Total Months: Hours per week:	REASON FOR LEAVING:
Salary:	REASON FOR LEAVING:

Name and Address of Employer:	JOB TITLE: Supervisor's Name/Title
DATES EMPLOYED: Month Year Month Year From: / To: /	DESCRIPTION OF DUTIES:
Total Months: Hours per week:	REASON FOR LEAVING:
Salary:	REASON FOR LEAVING:

Name and Address of Employer:	JOB TITLE: Supervisor's Name/Title
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Salary:	REASON FOR LEAVING:

Name and Address of Employer:	JOB TITLE: Supervisor's Name/Title
DATES EMPLOYED: Month Year Month Year From: / To: /	DESCRIPTION OF DUTIES:
Total Months: Hours per week:	REASON FOR LEAVING:
Salary:	REASON FOR LEAVING:

⇒ RESUMES AND ADDITIONAL SHEETS MAY BE ATTACHED, BUT WILL NOT BE ACCEPTABLE AS SUBSTITUTES FOR THIS SECTION

▶ CERTIFICATE OF APPLICANT (Read carefully before signing)

I certify that all statements in this application are true and I authorize investigation of all matters contained in this application. I understand and agree that any misstatement or omission of material fact on this application and will cause forfeiture on my part of all rights of employment with the City of Daly City. I further agree to be fingerprinted, to submit to a pre-employment medical assessment and to furnish such proof of age and citizenship as may be required.

At time of hire, City employees must meet the documentation requirements of the Immigration Reform and Control Act of 1986.

x Signature _____

Date _____ (7/01)

EQUAL EMPLOYMENT INFORMATION

In accordance with Equal Employment Laws, the City of Daly City is required to maintain statistical information on all applicants. We ask for your voluntary cooperation in completing and returning the following information. No employment decisions will be made based on this information.

Position for which you are applying: _____

Racial/ethnic identification (Please check **one** only):

Male

White (not of Hispanic origin)

Asian or Pacific Islander

Female

Black (not of Hispanic origin)

American Indian or Alaskan Native

Hispanic

Filipino

Other (Please specify): _____

▶ PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (check one or more)

Human Resources Department

Other Agency. Which? _____

City Employee

Newspaper or Publication. Which? _____

Friend or Relative

Job Announcement on a Bulletin Board. Where? _____

Other. Please explain _____

**The City of Daly City reserves the right to determine if a person is physically able to perform the duties of a position.
THE CITY OF DALY CITY IS AN EQUAL OPPORTUNITY EMPLOYER - MINORITIES, WOMEN, DISABLED.**