



EMPLOYMENT APPLICATION

For Use in Police Department & Recreation Services Only

PERSONNEL DEPT. 525 HENRIETTA ST., MARTINEZ, CA 94553 (925) 372-3522

WEBSITE: WWW.CITYOFMARTINEZ.ORG; EMAIL: JOBS@CITYOFMARTINEZ.ORG

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT IN INK

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED

POSITION APPLIED FOR: _____ DATE: _____
(Print Exact Title)

NAME: _____ HOME PHONE #: _____
Last First Middle

ADDRESS: _____ BUSINESS PHONE #: _____
Number Street City State Zip

EMAIL ADDRESS: _____ OTHER NAMES YOU HAVE USED OR ARE KNOWN BY: _____

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

Name	Address	Phone #
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ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF MARTINEZ? YES NO IF YES, PLEASE LIST BELOW

IF REQUIRED FOR JOB, DO YOU POSSESS A VALID CA DRIVER'S LICENSE? YES NO **IF YES, LIST YOUR DL#:** _____

WILL YOU ACCEPT SHIFT, EVENING OR WEEKEND WORK, IF REQUIRED? YES NO

I HAVE BEEN CONVICTED BY A COURT OF AN OFFENSE: YES NO. FOR EACH CONVICTION, LIST ON A SEPARATE PIECE OF PAPER: YOUR NAME, JOB CLASSIFICATION FOR WHICH YOU ARE APPLYING, AND THE FOLLOWING DETAILS OF EACH OFFENSE: THE VIOLATION; THE COURT (INCLUDING MILITARY); THE PLACE AND DATE OF CONVICTION; THE PENALTY (FINE, SENTENCE, DATE(S) OF PROBATION); AND THE NAME UNDER WHICH CONVICTED. PLEASE OMIT ANY CONVICTION THAT A COURT HAS SEALED OR EXPUNGED, OR WHICH HAS BEEN STATUTORILY ERADICATED. PLEASE OMIT ANY MISDEMEANOR CONVICTION FOR WHICH YOU HAVE SATISFACTORILY COMPLETED PROBATION OR WHICH HAS BEEN JUDICIALLY DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4. NOTE THAT CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS GIVEN INDIVIDUAL CONSIDERATION BASED ON THE JOB RELEVANCE OF THE OFFENSE.

SPECIAL QUALIFICATIONS: Please list any licenses, certificates and/or registrations (with issue and expiration dates) you possess that are related to the position applied for:

IMMIGRATION REFORM & CONTROL ACT: AFTER EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES.

OFFICE SKILLS: Typing speed: _____ Ten-key speed: _____ Office Machines: _____

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 G.E.D. _____ COLLEGE 1 2 3 4 GRAD. DEGREE? YES NO

COLLEGES OR UNIVERSITIES ATTENDED	LOCATION	FROM	TO	UNITS COMPLETED SEM QTR	MAJOR SUBJECT	DEGREE

EMPLOYMENT RECORD: BEGIN WITH PRESENT OR MOST RECENT POSITION. LIST WORK RECORD FOR THE PAST TEN YEARS, AND INCLUDE ANY OTHER PERTINENT EXPERIENCE. YOU MAY ATTACH A RESUME OR ADDITIONAL SHEETS IN ADDITION TO COMPLETING THIS SECTION IF DESIRED.

NOTE: ALL BOXES IN THIS SECTION MUST BE COMPLETED; A RESUME WILL NOT QUALIFY AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

FROM: MONTHS & YEAR	TO: MONTHS & YEAR	EXACT TITLE OF POSITION:
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NAME AND ADDRESS OF EMPLOYER:	YOUR DUTIES WERE:
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NAME AND TITLE OF YOUR SUPERVISOR:

REASON FOR LEAVING:	NUMBER SUPERVISED:	SALARY PER MONTH STARTING:\$ FINAL:\$
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FROM: MONTHS & YEAR	TO: MONTHS & YEAR	EXACT TITLE OF POSITION:
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NAME AND ADDRESS OF EMPLOYER:	YOUR DUTIES WERE:
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NAME AND TITLE OF YOUR SUPERVISOR:

REASON FOR LEAVING:	NUMBER SUPERVISED:	SALARY PER MONTH STARTING:\$ FINAL:\$
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FROM: MONTHS & YEAR	TO: MONTHS & YEAR	EXACT TITLE OF POSITION:
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NAME AND ADDRESS OF EMPLOYER:	YOUR DUTIES WERE:
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NAME AND TITLE OF YOUR SUPERVISOR:

REASON FOR LEAVING:	NUMBER SUPERVISED:	SALARY PER MONTH STARTING:\$ FINAL:\$
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MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS, CHARACTER, ETC? YES NO

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN OR OTHERWISE BY ME IN APPLYING FOR A POSITION OF EMPLOYMENT WITH THE CITY OF MARTINEZ ARE TRUE AND CORRECT. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL BE CAUSE FOR DISQUALIFICATION OR TERMINATION. I UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL, AS A CONDITION OF EMPLOYMENT, BE REQUIRED TO SUBMIT PROOF OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES ON MY FIRST DAY OF EMPLOYMENT.

DATE: _____	FULL SIGNATURE: _____
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CITY OF MARTINEZ

SURVEY INFORMATION

NAME: _____ **DATE:** _____

POSITION APPLIED FOR: _____

You are requested to complete this attached portion of the application in accordance with Section 1233 of the Government Code that provides for applicants for employment to voluntarily declare their ethnic identification pursuant to federal law.

GENDER: _____ Male _____ Female

RACE/ETHNIC IDENTIFICATION: (CHECK ONE)

_____ **WHITE:** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK:** (not of Hispanic origin): Persons having origins in any of the Black racial groups in Africa.

_____ **HISPANIC:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.

_____ **FILIPINO:** Persons having ancestry or national origin in the Philippine Islands.

_____ **ASIAN/PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This includes China, Japan Korea and Samoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

RECRUITMENT INQUIRY:

To assist us in our effort to evaluate our recruitment resources, please indicate how you learned of this employment opportunity.

_____ Newspaper (Please name) _____

_____ Other Publication (Please name) _____

_____ Job Announcement Posted at Another Agency

_____ Jobs Available Booklet

_____ CalJobs

_____ City of Martinez Website

_____ CSMFO

_____ LocalGovtJobs.net

_____ Other Website _____

_____ Other _____