



OFFICE USE ONLY

START:
POSITION:
DEPT.:
PAY:
ACTIVITY #:

TEMPORARY APPLICATION

Not for Use in Police Department or Recreation Services

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

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

AN EQUAL OPPORTUNITY EMPLOYER

PARKS _____ MAINTENANCE _____ CLERICAL _____ OTHER _____

NAME: _____

Last First Middle

ADDRESS: _____ HOME PHONE #: _____

Number Street City State Zip

BUSINESS PHONE #: _____ 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 #

ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF MARTINEZ? ____ YES ____ NO IF YES, PLEASE LIST BELOW

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

IMMIGRATION REFORM & CONTROL ACT: AFTER EMPLOYEMNT, 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

HIGH SCHOOL &/OR COLLEGES ATTENDED	LOCATION	FROM	TO	UNITS COMPLETED SEM	QTR	MAJOR SUBJECT	DEGREE

I AM AVIALABLE TO WORK RIGHT NOW ____ (YES) ____ (NO) IF NO, DATE AVAILABLE TO WORK: _____

EMPLOYMENT RECORD: BEGIN WITH PRESENT OR MOST RECENT POSITION. LIST WORK RECORD FOR THE PAST TEN YEARS, AND INCLUDE ANY OTHER PERTINENT EXPERIENCE. **NOTE: ALL BOXES IN THIS SECTION MUST BE COMPLETED; A RESUME WILL NOT QUALIFY AS A SUBSTITUTE FOR COMPLETING THIS SECTION.** YOU MAY ATTACH A RESUME OR ADDITIONAL SHEETS IN ADDITION TO COMPLETING THIS SECTION IF DESIRED.

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:	PAY: 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:	PAY: 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:	PAY: 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: _____