OFFICE USE ONLY

START:

POSITION:

DEPT.:

PAY:

ACTIVITY #:

TEMPORARY APPLICATION

PERSONNEL DIVISION
525 HENRIETTA STREET, MARTINEZ, CA 94553 (925) 372-3522
WEBSITE: **WWW.CITYOFMARTINEZ.ORG**; EMAIL: **JOBS@CITYOFMARTINEZ.ORG**
AN EQUAL OPPORTUNITY EMPLOYER

RECREATION _____ 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

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.

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

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:_____