

EQUAL EMPLOYMENT OPPORTUNITY  
 \*AMERICANS WITH DISABILITIES ACT (ADA)  
 DRUG AND ALCOHOL FREE WORKPLACE



HUMAN RESOURCES DEPARTMENT  
 201 N. BROADWAY, ESCONDIDO, CALIFORNIA 92025  
 (760) 839-4643 www.escondido.org

**APPLICATION FOR EMPLOYMENT**

\*NOTE: APPLICANTS REQUIRING ALTERNATE MEANS OF TESTING UNDER ADA MUST CONTACT HUMAN RESOURCES STAFF BY THE FILING DATE FOR ANY ACCOMMODATIONS REQUIRED.

**IMPORTANT: Please follow these instructions exactly.**  
**A. ANSWER ALL QUESTIONS IN BLUE OR BLACK INK OR USE TYPEWRITER.**  
**B. False statements or omissions are cause for rejection, removal from eligibility list, or dismissal.**  
**C. Avoid any reference to age, religion, politics, race or membership in fraternal order.**  
**D. Education and experience must reflect qualifications for position.**  
**E. Notify this department promptly in case of change of address.**

NAME \_\_\_\_\_  
 Last Name First Name Middle Initial

RESIDENCE ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ BUSINESS/CELL PHONE \_\_\_\_\_

City County State Zip

California Driver's License (Class & Number) & Expiration Date \_\_\_\_\_ Email Address \_\_\_\_\_

**PRE-EMPLOYMENT INQUIRIES: (Please answer all questions Yes or No)**

- Yes  No Do you meet the minimum age requirements as stated on the job announcement?
- Yes  No Have you previously applied for a position with the City of Escondido?
- Yes  No Are you claiming veterans' preference and have attached a copy of your DD-214?
- Yes  No Are you capable of performing, with or without a reasonable accommodation, the essential functions of this position?
- Yes  No Are you a U.S. Citizen? If no, please answer next question:
- Yes  No Do you have the legal right to work in the U.S.?

**IF YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN IN THE SPACE PROVIDED BELOW.**

- Yes  No Are you currently a member of the Public Employee's Retirement System?
- Yes  No Were you ever discharged or forced to resign from any position?
- Yes  No Would you object to having your present employer contacted in regard to your work records, qualifications, character?
- Yes  No Do you fluently speak a language other than English? If so, specify.

**ALL APPLICANTS WILL BE SUBJECT TO PRE-EMPLOYMENT DRUG TESTING.**

Position Title _____	ID Number (For office use only) _____
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EDUCATION & TRAINING					
High School Graduate or Possess G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Circle Highest Grade Completed:      9                  10                  11                  12					
High School Attended: _____ Location: _____					
NAME OF SCHOOLS ATTENDED	MAJOR (Do not abbreviate)	♦ Credit Units Completed	*Degree or Cert. Received		Did You Graduate?
Trade/Vocational			Type	Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Junior College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Colleges/Universities					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

\*IF DEGREE OR CERTIFICATE IS REQUIRED FOR THIS POSITION, A COPY MUST BE ATTACHED TO THE APPLICATION.

♦ Please indicate whether units are  Semester units  Quarter units

**SOCIAL SECURITY NUMBER** \_\_\_\_\_  
 (VOLUNTARY INFORMATION TO BE USED FOR TRACKING PURPOSES ONLY.)

Other training you received: (For example, special courses, work training program, military training. Please estimate the number of hours of training you received.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certificates or Licenses of Professional or Vocational competence:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONVICTIONS**

Have you ever been convicted of a felony or misdemeanor?  Yes  No  
 (Exclude convictions more than two years old related to marijuana as defined in California Health & Safety Code §11357(b) or (c), §11360(b), §11364, §11365, or §11550).  
 If **YES**, list below all incidents except minor traffic violations (drunk driving, hit and run, reckless driving, and failure to appear convictions are **NOT** minor traffic violations.)  
 Unless stated on the examination announcement, conviction is not an automatic bar to employment – each case is considered on its merits. **ALL APPLICANTS WILL BE SUBJECT TO FINGERPRINT INVESTIGATION BEFORE EMPLOYMENT.**

LIST OF ALL CONVICTIONS	APPROX DATE	CITY & STATE	SENTENCE OR PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXPERIENCE** - Begin with your most recent job. List all jobs and any periods of unemployment in the last 10 years. Also list jobs past 10 years, including volunteer work, if the experience helps to qualify you for the position. Include paid or unpaid, full or part-time, military, summer jobs, etc. Please attach additional sheets if necessary. **This section must be fully completed. A resume may be attached, but will not be substituted for completion of this section.**

DATES		EMPLOYER		POSITION	
Starting Date (Mo. & Yr.)		Name of Present or Last Employer		Your Title	Duties
Ending Date (Mo. & Yr.)		Address			
Total Time Worked	Yrs.      Mos.	City and State			
Hours Per Week		Supervisor's Name			
Mo. Salary Start \$	End \$	Supervisor's Phone No.		Reason for leaving or wanting to leave:	

Starting Date (Mo. & Yr.)		Name of Present or Last Employer		Your Title	Duties
Ending Date (Mo. & Yr.)		Address			
Total Time Worked	Yrs.      Mos.	City and State			
Hours Per Week		Supervisor's Name			
Mo. Salary Start \$	End \$	Supervisor's Phone No.		Reason for leaving or wanting to leave:	

Starting Date (Mo. & Yr.)		Name of Present or Last Employer		Your Title	Duties
Ending Date (Mo. & Yr.)		Address			
Total Time Worked	Yrs.      Mos.	City and State			
Hours Per Week		Supervisor's Name			
Mo. Salary Start \$	End \$	Supervisor's Phone No.		Reason for leaving or wanting to leave:	

Starting Date (Mo. & Yr.)		Name of Present or Last Employer		Your Title	Duties
Ending Date (Mo. & Yr.)		Address			
Total Time Worked	Yrs.      Mos.	City and State			
Hours Per Week		Supervisor's Name			
Mo. Salary Start \$	End \$	Supervisor's Phone No.		Reason for leaving or wanting to leave:	

**PERSONAL REFERENCES** — Give the names, home and business address of three persons who have knowledge of your character, experience and ability. Do not give names of relatives or supervisors listed above. Please list any other names by which references would know you: \_\_\_\_\_

Full Name	Home Address Street Number, City, State	Business Address Street Number, City, State	Business or Occupation	Phone Numbers
				HOME
				WORK
				HOME
				WORK
				HOME
				WORK

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AS IT CONTAINS IMPORTANT INFORMATION AND A WAIVER AND RELEASE OF LIABILITY:** I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I understand that I may be requested to submit proof of qualifications at a later date. If upon checking these you determine that I do not meet specific requirements, I understand that I will be disqualified. In order that the City may verify the accuracy of the information contained in my application, I hereby authorize any former or current employer, its employees or representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance, education or training, disciplinary records, driving record, and criminal history to the City of Escondido and any of its employees, representatives, and agents. I authorize the release of this information regardless of any agreement, instructions or representations I may have previously made to the contrary.

I acknowledge that a criminal conviction may not necessarily disqualify me from employment with the City. According to California Civil Code §1786.53, in the event the City, for employment purposes, receives any public records of arrests, indictments, convictions, civil judicial actions, tax liens, or outstanding judgments pertaining to me (**check one**):

- I do not wish to receive a copy of the public records.       I do wish to receive a copy of the public records and I understand they will be provided to me within 7 days after they are obtained.

In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights and claims I may have and release any current or former employer, its employees and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me. I further agree that a photocopy of this authorization may be used in lieu of the original for the purposes stated above. All answers and statements in this document are true and complete to the best of my knowledge and belief. I understand that untruthful or misleading answers are cause for rejection of my application, removal of my name from an eligibility list or my dismissal from employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

HR/Forms/8-2011

APPLICANT TRACKING SHEET

Completion of this form is voluntary. The data will be used solely for research and statistical purposes and in no way affects any employment decision. In accordance with state law, the form will be separated from your employment application immediately upon receipt, and the information contained will not be made available to any personnel involved in the hiring process. Your cooperation in answering all the questions completely and accurately is appreciated.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_  
(State) (Zip)

Position Applied For \_\_\_\_\_

Date \_\_\_\_\_

ETHNIC GROUP: (check one)

- White (Not of Hispanic origin – includes Indo-European, Pakistani and East Indian).
- Black (Includes African, Jamaican, Trinidadian and West Indian).
- Hispanic (Includes Mexican, Puerto Rican, Cuban, Central or South American and Spanish).
- Asian or Pacific Islander (Includes person of the Far East, South East, Asia, the Indian Sub-Continent or the Pacific Islands).
- American Indian or Alaskan Native (Includes persons who identify themselves or are known as such by virtue of tribal association or are Aleuts or Eskimos).
- Other

Sex:  Female  Male

BIRTHDATE \_\_\_\_\_

DISABILITY STATUS (if applicable, please check appropriate box)

- Visual Impairment
- Hearing Impairment
- Speech Impairment
- Physical Disability
- Emotional Impairment
- Developmental Disabilities
- Other, please specify

APPLICANT TRACKING SHEET  
(continued)

PERSONNEL INFORMATION:

I heard about this job from: (check one)

- City of Escondido Human Resources Department
- City of Escondido Website
- Craigslist
- Escondido City Employee
- Job Announcement
- Job Line
- Jobs Available
- LinkedIn.com
- Monster.com
- Newspaper Advertisement  
Name of Newspaper: \_\_\_\_\_
- Notified by City Interest Card
- Other: (Please specify) \_\_\_\_\_

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PLEASE RATE YOUR EXPERIENCE WITH HUMAN RESOURCES BY GIVING US YOUR COMMENTS / SUGGESTIONS, PLEASE CIRCLE ONLY ONE NUMBER.

1 = Poor / Strongly Disagree; 5 = Excellent / Strongly Agree; N/A = Not Applicable

Were you treated courteously by the City's Human Resources staff?

1            2            3            4            5            N/A

Did the person you talked to provide you with all the information you needed concerning City employment?

1            2            3            4            5            N/A

Were the application procedures and written instructions clear and understandable?

1            2            3            4            5            N/A

Additional Comments and/or Suggestions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_