Application For Employment

(PLEASE PRINT)

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone No. (_____) _____
AREA CODE

Have you filed an application here before? ☐ Yes ☐ No Date _____

Have you ever been employed here before? ☐ Yes ☐ No Date _____

Can you travel if the job requires it? ☐ Yes ☐ No

Can you, after employment, submit verification of your legal right to work in the United States? ☐ Yes ☐ No

Are you available to work? ☐ Full Time ☐ Part Time ☐ Shift Work

Do any of your friends or relatives, other than your spouse, work here? ☐ Yes ☐ No
If yes, list names(s) _____

Are you under eighteen years of age? ☐ Yes ☐ No

If under eighteen, can you, after employment, submit a work permit? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

If so, may we inquire of your present employer? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Conviction will not necessarily disqualify applicant from the job applied for.
If yes, please explain _____

Name and address of person to be contacted in case of accident or emergency: _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/H

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Exeter.

Signature of Applicant Date

For Personnel Department Use Only

Arrange Interview ☐ Yes ☐ No

Remarks _____

_____ _____
INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME/TITLE DATE

Applicant Identification Record

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers / government contractors, we comply with government regulations and affirmative action responsibilities.

The information requested on this form is required by the regulations of the Department of Fair Employment and Housing. The employers in California are required to keep these records on file for a period of two years. This Data is for periodic government reporting and will be kept in a Confidential File separate from Application for Employment.

(Please Print)

Name _____ Sex _____ Date _____

Position(s) Applied For: _____

Referral Source: _____ Advertisement _____ Friend

_____ Employment Agency _____ Other

PLEASE CHECK ONE

RACE/COLOR	NATIONAL ORIGIN/ANCESTRY
_____ Native American	_____ Hispanic*
_____ Black	_____ Filipino
_____ Asian	_____ Polynesian
_____ Caucasian	_____ Mexican American
_____ Other	_____ Other Nat. Origin

*HISPANIC: Those individuals who originate from Mexico, Central and South American countries, Cuba and Puerto Rico.

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

PLEASE CHECK ONE

_____ Male _____ Female _____ Physically Handicapped

_____ Vietnam Era Veteran _____ Disabled Veteran

The following are optional catagories. This information is not required to comply with DFEH Regulations.

_____ Marital Status _____ Religion

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.
Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hrly. Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hrly. Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hrly. Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hrly. Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications
acquired from employment or other experience _____

_____

_____

_____

Do you have any physical condition or handicap which may limit your ability to perform the job applied for? ☐ Yes ☐ No

If yes, what can be done to accommodate your limitations? _____

_____

Offer of employment may be made contingent on applicant passing a job-related physical examination.

What foreign languages do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List job-related organizations, clubs, professional societies, or other associations to which you may belong - you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, or age

_____

_____

Give name, address and telephone number of three references who are not related to you and are not previous employers_____

_____

_____

_____

Special Employment Notice To Disabled Veterans, Vietnam Era Veterans, And Individuals With Physical Or Mental Handicaps

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

☐ Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed _____