CITY OF FORT BRAGG

416 N. Franklin Street
Fort Bragg, California 95437
(707) 961-2823

HUMAN RESOURCES USE

Date Rec'd _____

Certified _____

An Equal Employment Opportunity, Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

EXACT TITLE OF POSITION YOU ARE APPLYING FOR: _____

INSTRUCTIONS: Please read the announcement to determine if you possess the qualifications for the job. Print, using ink or typewriter. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Read the Certificate of Applicant in Section 8 carefully before signing. Resumes will not be accepted in place of a completed application. Do not respond to any questions with "see resume."

1. PERSONAL DATA

NAME (Last, First, Middle)	Area Code Home Telephone
Mailing Address (Number and Street)	Area Code Work Telephone
(City, State, Zip)	Enter your date of birth If you are less than 21 Years of age _____
Do you have a valid Driver's License ☐ YES ☐ NO State: _____ Number: _____ Class: _____ Expiration Date: _____	Social Security Number (Optional) _____-_____-_____

2. PHYSICAL CONDITIONS OR LIMITATIONS

DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS? ☐ YES ☐ NO
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? PLEASE EXPLAIN IN SECTION 6.

3. PREVIOUS CITY EMPLOYMENT AND CURRENT EMPLOYMENT OF A RELATIVE

A. Have you previously been employed by the City of Fort Bragg? ☐ YES ☐ NO
If you responded "yes", list dates of employment, classification, departments & any former names, if appropriate in Section 6.
B. Are you currently participating in the Public Employees Retirement System? ☐ YES ☐ NO
C. Have you ever participated in the Public Employee's Retirement System? ☐ YES ☐ NO
D. List any relatives currently employed by the City of Fort Bragg and their relationship to you:
_____

4. EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED	NAME & LOCATION OF HIGH SCHOOL	Are you a high school grad? ☐ YES ☐ NO
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 MORE	_____ _____	Have you passed the GED? ☐ YES ☐ NO

Schools attended other than high school	Location	Course of study	Credits Earned Sem	Qtr	Degree or Certificate Rec'd None	Type

Please describe additional course work or training (including military) which would qualify you for this position:

Please list certificates or licenses of professional or vocational competence you possess which relate to this position:

Please list languages other than English which you: Speak _____ Read _____ Write _____

SPECIAL SKILLS: Typing _____ wpm Shorthand _____ wpm Computer Hardware _____

What office machines do you operate? _____ Computer Software _____

5. WORK EXPERIENCE

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job announcements. LIST YOU MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education.

DO NOT ENTER "SEE RESUME"

FROM (MO. & YR.)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO. & YR.)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME YRS. MO.		EMPLOYER'S BUSINESS
HOURS EACH WEEK		NAME OF SUPERVISOR
SALARY PER		REASON FOR LEAVING
FROM (MO. & YR.)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO. & YR.)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME YRS. MO.		EMPLOYER'S BUSINESS
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HOURS EACH WEEK		NAME OF SUPERVISOR
SALARY PER		REASON FOR LEAVING

6. EXPLANATION OF PREVIOUS ITEMS

Use this space to provide additional information as required by this application. Attach additional sheets if necessary.

7. CONVICTION RECORD (REQUIRED FROM ALL APPLICANTS)

Answer this section truthfully, including both minor and serious offenses of which you were convicted. ANY OMISSIONS ARE GROUNDS FOR REJECTION OF THE APPLICATION, REMOVAL OF NAME FROM THE ELIGIBILITY LIST OR DISMISSAL FROM POSITION.

Have you ever been convicted as an adult for any violation of the law? Exclude traffic violations under $200 and convictions more than two years old for violation of Health and Safety Code §11357(b) or (c), §11360(b), §11364, §11365 and §11550 as related to marijuana. You may also exclude any convictions which resulted in a referral to and participation in any diversion program. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration.

YES ☐ **NO** ☐

If yes, provide the information requested below for each conviction. Be specific, give name of the offense, not simply misdemeanor or felony. DO NOT LIST ARRESTS—ONLY CONVICTIONS.

OFFENSE	OFFENSE	OFFENSE
DATE	DATE	DATE
PLACE	PLACE	PLACE
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE

8. CERTIFICATE OF APPLICANT—PLEASE READ CAREFULLY

I certify that the foregoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of materials facts is cause for rejection of application, removal from the eligibility list, suspension or dismissal.
I hereby authorize the City of Fort Bragg to investigate all statements contained on this application form.

SIGNATURE	DATE (Month Day Year)

IF APPOINTED TO A CITY JOB, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. PRIOR TO HIRING, A CANDIDATE WILL BE FINGERPRINTED AND MEDICALLY EXAMINED AT CITY EXPENSE. FOR SOME POSITIONS, A PSYCHOLOGICAL EVALUATION AND DETAILED BACKGROUND INVESTIGATION WILL BE REQUIRED. CONVICTION RECORDS WILL BE CHECKED. ALL APPOINTMENTS ARE SUBJECT TO THE SUCCESSFUL COMPLETION OF A PROBATIONARY PERIOD OF SERVICE.

CITY OF FORT BRAGG
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

RESPONSES TO THE EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE ARE VOLUNTARY. FAILURE TO ANSWER THE QUESTIONS IN THIS SECTION WILL NOT AFFECT YOUR EMPLOYMENT ELIGIBILITY.

In order for the City of Fort Bragg to monitory its progress in Affirmative Action, it is necessary for us to identify each person who applies for a City job by the factors shown below. We ask your help in checking the squares that apply to you, and filling in the blanks so that we can keep statistics on each examination. ***This section will be detached from the application form***, and will be used only for statistics. ***No decisions in the test process will be based on it.***

Name _____

Title of Position _____

Male ☐ Female ☐

Age: ☐ Under 40 ☐ Over 40

ETHNIC ORIGIN (responses are voluntary)—Please check one of the following:

☐ White (not of Hispanic origin)
All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.

☐ Black (not of Hispanic origin)
All persons having origin in any Black racial groups.

☐ Hispanic
All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

☐ Asian or Pacific Islanders
All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands (except the Philippine Islands). This area includes, for example, China, Japan, Korea, the Hawaiian Islands, and Samoa.

☐ American Indian or Alaskan Native
All persons having origin in any of the original peoples of North America.

☐ Filipino
All persons having origin in any of the original peoples of the Philippine Islands.

☐ Handicapped
Are you handicapped, according to the definition below? Section 503 of the Rehabilitation Act of 1973 defines a handicapped person as anyone who:
1. *has a physical or mental impairment which substantially limits her/his major life activities, or*
2. *has a record of such impairment, or*
3. *is regarded as having such impairment*

HOW DID YOU LEARN ABOUT THIS JOB OPENING?

☐ City bulletin board

☐ City Employee

☐ Public Office other than City of Fort Bragg

☐ Interest Card notification

☐ City Website

☐ Internet

☐ An advertisement (specify which newspaper or publication): _____

☐ Other means (specify): _____