



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
 (For Positions NOT in the
 Police Department)**

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 _____	Cell Phone _____
(City, State, Zip)	Enter your date of birth If you are less than 21 Years of age _____	
Do you presently possess a valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> 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 continuous 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 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 MORE	NAME & LOCATION OF HIGH SCHOOL _____	Are you a high school grad? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you passed the GED? <input type="checkbox"/> YES <input type="checkbox"/> 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		EMPLOYER'S BUSINESS
YRS. MO.		NAME OF SUPERVISOR
HOURS EACH WEEK		REASON FOR LEAVING
SALARY PER		
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		EMPLOYER'S BUSINESS
YRS. MO.		NAME OF SUPERVISOR
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TOTAL TIME		EMPLOYER'S BUSINESS
YRS. MO.		NAME OF SUPERVISOR
HOURS EACH WEEK		REASON FOR LEAVING
SALARY PER		

6. EXPLANATION OF PREVIOUS ITEMS

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

7. Additional Information

A. Were you ever discharged, rejected during probation, or have you resigned under pressure or unfavorable circumstances from any employment? **YES** **NO**

If yes, provide the information requested below for each instance. Be specific, provide the name of the employer.

EMPLOYER	EMPLOYER	EMPLOYER
DATE	DATE	DATE
DESCRIPTION	DESCRIPTION	DESCRIPTION

B. May we contact your current present employer as to your qualification, character, etc.?? **YES** **NO**

Contact Name: _____ Phone Number: _____

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 monitor 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 _____

Male Female

Title of Position _____

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.

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; Where? _____
- An advertisement (specify which newspaper or publication): _____
- Other means (specify): _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.