



# City of Salinas Human Resources Division

www.cityofsalinas.org  
200 Lincoln Avenue, Salinas, CA 93901  
(831) 758-7254 FAX: (831) 758-7941

## APPLICATION FOR EMPLOYMENT

Please type or print in ink. Incomplete or illegible applications will not be accepted.  
Return completed applications to the above address.

TITLE OF POSITION	RECRUITMENT NUMBER	ARE YOU UNDER 18? YES      NO
APPLICANT'S NAME (LAST) (FIRST) (MIDDLE)		
ADDRESS (STREET) (CITY) (STATE) (ZIP)		
HOME TELEPHONE	BUSINESS TELEPHONE	MESSAGE/CELLULAR TELEPHONE
EMAIL ADDRESS:		DRIVER'S LICENSE NUMBER # _____ CLASS: _____ EXPIRATION _____
PROVIDE OTHER NAMES UNDER WHICH YOU HAVE WORKED:		HAVE YOU EVER WORKED FOR THE CITY OF SALINAS? YES      NO FROM: _____ TO: _____
I AM AVAILABLE FOR EMPLOYMENT ON A TEMPORARY BASIS      PART TIME BASIS      F/T BASIS		AVAILABLE FOR SHIFT DAY      SWING      NIGHT
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES      NO		DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY THE CITY OF SALINAS? YES      NO NAME _____ RELATIONSHIP _____
THE CITY OF SALINAS COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. ARE THERE ANY REASONS YOU MAY HAVE DIFFICULTY PERFORMING ANY OF THE MAJOR DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO IF SO, PLEASE EXPLAIN		
IF APPLICABLE TO THE POSITION WHICH YOU ARE SEEKING, INDICATE OTHER SKILLS SUCH AS TYPING SPEED, BUSINESS MACHINES, COMPUTER HARDWARE OR SOFTWARE THAT YOU OPERATE, ETC.		
LIST LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK FLUENTLY:		

EDUCATION AND TRAINING (All education listed may be subject to verification)	HIGHEST GRADE COMPLETED:	8	9	10	11	12	(G.E.D.)
	COLLEGE:	1	2	3	4	POST-GRADUATE	

EDUCATIONAL INSTITUTIONS	LOCATION	MAJOR SUBJECT	UNITS	DEGREE OR CERTIFICATE
HIGH SCHOOL				
COLLEGE/UNIVERSITY				

**LICENSES, CERTIFICATIONS OR PROFESSIONAL REGISTRATIONS**  
 (You may omit associations which indicate race, religious creed, color, national origin, ancestry, sex or age)

TYPE \_\_\_\_\_ NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 TYPE \_\_\_\_\_ NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS \_\_\_\_\_

**EXPERIENCE**  
 List your work experience for the **last 10 years**, beginning with your current or most recent experience. Include Military or volunteer services if it is related to this position. List each promotion separately. Experience beyond 10 years ago should be included if it is directly related to the position for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but it **is NOT** a substitute for completing this section. **THIS SECTION MUST BE COMPLETED.** Failure to follow these instructions may eliminate you for consideration for the position.

NAME OF EMPLOYER	TYPE OF BUSINESS	NO. OF EMPLOYEES
ADDRESS	NO. OF PERSONS YOU SUPERVISED	NAME AND TITLE OF SUPERVISOR
TELEPHONE NUMBER	MAY WE CONTACT NOW? YES          NO	REASON FOR LEAVING
DATES EMPLOYED	BRIEF DESCRIPTION OF DUTIES	
JOB TITLE		
HOURS PER WEEK		

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JOB TITLE		
HOURS PER WEEK		

1. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL BE CONSIDERED CAUSE FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT WITH THE CITY OF SALINAS, AND/OR AN OFFER OF EMPLOYMENT WILL BE WITHDRAWN. 2. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB RELATED PHYSICAL EXAMINATION AND BACKGROUND CHECK. 3. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO VERIFY THE STATEMENTS MADE IN THIS APPLICATION TO THE CITY OF SALINAS OR ITS DULY AUTHORIZED AGENTS. 4. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON MY PROVIDING VERIFICATION OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE U.S.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION FOR WHICH YOU APPLIED \_\_\_\_\_

In accordance with Section 1233 of the State Government Code and Section 1420 of the State Labor Code, the information requested below will be used for statistical and reporting purposes only. It will enable the Human Resources Office to more effectively evaluate the recruitment process in compliance with Equal Opportunity Employment laws and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be made a part of the selection process. If you have any questions regarding this request, please contact the Human Resources Office. Thank you for your assistance.

Please mark your selection:

**GENDER**

- MALE
- FEMALE

**RACE/ETHNIC CATEGORY:**

- WHITE (Not of Hispanic Origin)
- BLACK (Not of Hispanic Origin)
- HISPANIC
- FILIPINO
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER
- OTHER

**DISABILITY CATEGORY:**

If you have a disability that would interfere with you performing the job for which you are applying, please indicate. All information is voluntary, and will be kept confidential.

- HEARING IMPAIRMENT
- VISUAL IMPAIRMENT
- ORTHOPEDIC DISABILITY
- MENTAL/EMOTIONAL DISORDER
- MEDICAL CONDITION
- OTHER

Do you require test accommodation?

- Yes, If yes, please state your request.
- No

**JOB SOURCE INFORMATION:**

Please indicate where you learned about this job vacancy:

- Newspaper (please specify) \_\_\_\_\_
- Job Flyer Posted at Another Agency \_\_\_\_\_
- Professional Journal or Publication (please specify) \_\_\_\_\_
- College Placement Service (please specify) \_\_\_\_\_
- Jobs Available \_\_\_\_\_
- Friend or Relative \_\_\_\_\_
- CalOpps \_\_\_\_\_
- City Website \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/DATE