APPLICATION FOR EMPLOYMENT

Return completed application to:
City of Ukiah, Human Resources
300 Seminary Avenue
Ukiah, CA 95482
Phone (707) 463-6272
www.cityofukiah.com

POSITION APPLYING FOR: _____

INSTRUCTIONS: Please read the vacancy announcement thoroughly to determine if you possess the qualifications for the job. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Resumes will not be accepted in place of application.

1. Personal Information

Name (Last, First, Middle)	Home Phone Number
Mailing Address (Number & Street)	Cell Phone Number
(City, State, ZIP)	Work Phone Number
Do you have a valid California Driver's License? ☐ Yes ☐ No Number: _____ Class: ____ Expiration Date: _____	Social Security No. (Optional)

2. Previous City Employment and Current Employment of a Relative

A. Have you previously been employed by the City of Ukiah? ☐ Yes ☐ No
B. Are you currently participating in the Public Employees Retirement System (PERS)? ☐ Yes ☐ No
C. Have you ever participated in the Public Employees Retirement System? ☐ Yes ☐ No
D. List any relatives currently employed with the City of Ukiah and their relationship to you:
_____

3. Education and Training

High School Graduate? ☐ Yes ☐ No Passed Equivalency Test? ☐ Yes
Name and Location of High School: _____

Name and Location of College	Course of Study	Completed Semester Units	Degree Obtained/ Year Graduated

Please describe additional coursework 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:

What language(s), other than English, do you speak, read, & write fluently?

Please describe any job-related skills and knowledge you may possess, including office equipment and software programs in which you are proficient: Typing _____wpm Shorthand_____wpm

4. Work Experience

You should respond completely to the information requested in this section. **LIST YOUR MOST RECENT EMPLOYMENT FIRST.** Use a separate block for each job title held, even though with the same organization. Show experience for the past ten years and any earlier experience pertaining to the position for which you are applying. Use additional sheets if necessary. Explain any gaps between employments. Please keep in mind that your acceptance or rejection depends on the completeness and applicability of the information shown. Resumes are encouraged, but do not attach a resume in lieu of completing this form.

DO NOT ENTER "SEE RESUME" OR APPLICATION WILL BE CONSIDERED INCOMPLETE.

From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:

4. Work Experience Continued		
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:
From (mm/yyyy):	Title of Position:	Employer (Name and Address):
To (mm/yyyy):	Duties Performed:	
Hours Per Week:		Name of Supervisor:
Salary: $ per		Supervisor's Phone Number:
# of Employees Supervised:		Reason for Leaving:

5. 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 ELIGIBILTY LIST, OR DISMISSAL FROM THE POSITION.

Have you ever been convicted as an adult for any violation of the law? Conviction includes a plea, verdict, or finding of guilt regardless of whether a sentence was imposed by the court. Conviction does not include a referral to, and participation in, any pretrial or post-trial diversion program. Also, you are not required to disclose a conviction of Health and Safety Code sections §11357(b) or (c), §11360(b), §11364, §11365 and §11550, as related to marijuana, if you were convicted of any these offenses prior to January 1, 1976. Conviction is not necessarily a bar from 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.

Offense:	Offense:	Offense:
Date:	Date:	Date:
Place:	Place:	Place:
Sentence/Fine:	Sentence/Fine:	Sentence/Fine:

6. Additional Information

Were you ever discharged or forced to resign from any position? ☐ Yes ☐ No
If so, please explain:

Would you object to having any of the above employers contacted in regard to your work? ☐ Yes ☐ No
If so, please explain:

Did you read the job description? ☐ Yes ☐ No
Do you meet the requirements of the Job Description? ☐ Yes ☐ No

7. Certificate of Applicant

PLEASE READ CAREFULLY: I hereby certify that my answers to the questions in this application are complete, accurate, and true to the best of my knowledge. I agree and understand that any misrepresentation or omission of material facts is cause for rejection of application, removal from the eligibility list, suspension, or dismissal. I hereby authorize the City of Ukiah to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

Signature of Applicant:	Date (mm/dd/yy):

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 City-paid physical examination, drug screen and fingerprinting will be required. For Public Safety positions, a psychological evaluation and detailed background investigation will be required.

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EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The City of Ukiah is requesting applicants for employment to complete this from in order to comply with the United States Government Equal Employment Opportunity requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. This voluntary information will be detached from your application and will be kept separate and confidential.

Name (Optional):

Position you are applying for:

How did you hear about this recruitment?

- ☐ City Employee
- ☐ City Website
- ☐ Written Job Announcement
- ☐ Interest Card Notification
- ☐ Internet Site: _____
- ☐ Agency Referral: _____
- ☐ Newspaper Ad: _____
- ☐ Other means: _____

Gender : ☐ Male ☐ Female

Date of Birth:

Race/Ethnic Identification (Please Check One)

☐ White: Not of Hispanic origin. All persons having origin in any of the original peoples of Europe, North Africa, or Middle East.

☐ 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 America, or other Spanish culture or Origin regardless of race.

☐ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoa, and the Philippine Islands.

☐ American Indian or Alaskan Native: All persons having origins in any of the peoples of North America, and who Maintain cultural identification through tribal affiliations or community recognition.

☐ Other:

Request for Employment Accommodation

You are not required to disclose information about physical or mental limitations that you believe will interfere with your capability to do the job. However, if you want the City of Ukiah to consider special arrangements or accommodate a physical or mental impairment, you may identify that impairment and suggest the kind of accommodation that you believe would be appropriate.

Can you perform the functions of this job, with or without reasonable accommodation?

☐ Yes ☐ No If NO, please list on a separate page how we can accommodate you.

If any accommodations are necessary at any stage of the testing process, please contact Human Resources (707) 463-6272.

THE CITY OF UKIAH IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER