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pleasant hill

CITY OF PLEASANT HILL EMPLOYMENT APPLICATION "AN EQUAL OPPORTUNITY EMPLOYER"

NAME _____ PHONE # _____ DATE _____

ADDRESS _____

POSITION APPLIED FOR: _____

On what basis are you available for employment? Full time _____ Part Time _____

How did you learn about the position? _____

(Newspaper, radio, personnel announcement, walk in, etc.)

PLEASE FOLLOW THESE GENERAL INSTRUCTIONS

1. Read the position description and be sure you meet the "QUALIFICATIONS" listed.
2. Answer all questions and complete all spaces on this application.
3. Submit all transcripts and documents at time of application.
4. A complete EQUAL EMPLOYMENT OPPORTUNITY SURVEY form should accompany this application.

VETERAN'S PREFERENCE

Are you a U. S. Veteran? Yes/No
Dates of active duty _____

Applicants Only)

Are you a member of the Reserves or
National Guard? Yes/No

Those wishing to claim veteran's
preference **MUST SUBMIT PROOF OF
SERVICE (DD214)** which includes dates
of active duty!

Have you ever filed an application with the Employer?
Yes/No Dates _____

Have you ever been employed by the Employer? Yes/No
(Mandatory for Law Enforcement or Firefighter

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

*Proof of citizenship or immigration status will be required
upon employment.*

Have you ever been discharged or asked to resign from employment? Yes/No

Have you ever been convicted of a crime other than a minor traffic violation? Yes/No

Do you object to inquiry of your present employer in regard to your character, work record, qualifications
and abilities: Yes/No Other information _____

IF YOU ANSWER "NO" AND WE NEED TO CONTACT YOUR PRESENT EMPLOYER BEFORE
WE CAN OFFER YOU A JOB, WE WILL CONTACT YOU FIRST.

Is there any reason why you would be unable to perform the essential functions of the job for which you are
applying? _____ If yes, please explain _____

Has your driver's license been suspended or revoked during the past year? _____

If yes, please explain _____

Have you ever been convicted or have you pled guilty to two or more traffic violations in the past two years? _____

If yes, please explain _____

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS ON A
SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

EMPLOYMENT RECORD

List below (in reverse order) the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties," emphasize your own specific tasks you have performed. If employment included supervisory responsibilities, give number and type of employees supervised.

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full Time? Yes/No
Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time Hours _____
Your Title _____ Last or Present Salary \$ _____ Per _____ or Percent _____
Specific Duties: _____

Reason for Leaving: _____

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full Time? Yes/No
Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time Hours _____
Your Title _____ Last or Present Salary \$ _____ Per _____ or Percent _____
Specific Duties: _____

Reason for Leaving: _____

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full Time? Yes/No
Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time Hours _____
Your Title _____ Last or Present Salary \$ _____ Per _____ or Percent _____
Specific Duties: _____

Reason for Leaving: _____

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full Time? Yes/No
Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time Hours _____
Your Title _____ Last or Present Salary \$ _____ Per _____ or Percent _____
Specific Duties: _____

Reason for Leaving: _____

Do you possess a valid Driver's License? Yes/No
 Do you possess a valid Commercial Driver's License? Yes/No
 If yes, to above, what state? _____
 List below any motorized machines you can operate: _____

Do you use a typewriter? Yes/No Speed _____
 Do you write shorthand? Yes/No Speed _____
 List below any office machines you can operate: _____

List any in-service training or instruction courses or programs you have completed with the above listed employers. _____

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

EDUCATION RECORD

GRAMMAR OR HIGH SCHOOL

Circle grade last completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school?
 Yes/No

Name of last school attended _____ Dates of attendance From _____ To _____

 Location (City/State) _____

If you plan to graduate within eight months, please indicate anticipated date

High school equivalency certificate? (G. E. D.) Yes/No

*If yes please submit documented proof.

VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL AND MILITARY SERVICE)

Name and Locations	From Month Year	To Month Year	Number of Hours Attended Per Week	Number of Credits Sem./Qtr.	Subjects Studied	Diploma or Certificate Obtained Mo./Yr.
Name						
Location						
Name						
Location						
Name						
Location						

Note: If you are applying for a position that requires a certification of completion, please submit a copy of your official documents or transcripts.

UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name and Location	From Month Year	To Month Year	Total Semester Hours	Total Quarter Hours	Major Field and Number of Hours	Minor Field and Number of Hours
Name						
Location						
Name						
Location						
Name						
Location						

Did you graduate? Yes/No

If you plan to graduate within eight months, please indicate anticipated date. _____

Note: If you are applying for a position that requires a college education or graduation, please submit a copy of your official college transcript.

MOST IMPORTANT – PLEASE READ

Failure to complete all parts of the application that apply to you will cause delay and may result in your application being returned. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you:

- 1. Completed all parts of the application listing every job you have held; 2. Enclosed copies of documents, such as a college transcript or special license; and 3. Read the statement below and signed the application?**

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

1. I am aware that all statements submitted on this application are subject to investigation and verification.
2. I authorize the persons, schools, law enforcement agencies, and other organizations or employers named in this application, to provide information requested by the employer.
3. I agree to provide, upon request of the employer, written releases and waivers of confidentiality should any former employer or school require such release.
4. I understand that any withholding of information or misrepresentation on this application or on employer medical forms could result in rejection for employment, or if employed, termination from the employer.
5. I understand that if I am completing the online application furnished through the City of Pleasant Hill's website, I may also be required to complete an actual application furnished by city hall.

SIGN HERE IN INK _____ DATE _____