

RETURN TO:  
 CITY OF PACIFICA  
 HUMAN RESOURCES DEPARTMENT  
 170 SANTA MARIA AVENUE  
 PACIFICA, CA 94044  
 650-738-7303

**CITY OF PACIFICA**  
**APPLICATION FOR EMPLOYMENT**  
 An Equal Opportunity Employer



**JOB HOTLINE**  
 650-738-7300  
**WEB SITE**  
[www.ci.pacifica.ca.us](http://www.ci.pacifica.ca.us)

**IMPORTANT INFORMATION:** Read the position announcement thoroughly before completing this application, as the application may be part of the ranking process. An incomplete application will not be given further consideration. A separate application is required for each recruitment. Resumes will not be accepted in lieu of a City of Pacifica application. Notify Human Resources of any changes in address or telephone numbers. Selected applicant will be required to provide verification of employability under the guidelines of the Immigration Reform Act of 1986 prior to appointment to the position. This application does not constitute an express or implied contract or offer of employment. TYPE OR PRINT WITH INK ONLY. ANSWER ALL QUESTIONS COMPLETELY EXCEPT THOSE THAT ARE SPECIFICALLY IDENTIFIED AS OPTIONAL.

**POSITION FOR WHICH YOU ARE APPLYING:**

**NAME**

LAST	FIRST	MIDDLE INITIAL
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**ADDRESS**

NUMBER	STREET	APARTMENT NUMBER
CITY		STATE
		ZIP CODE

**TELEPHONE**

( ) ( ) ( ) HOME	( ) ( ) ( ) WORK	( ) ( ) ( ) CELL
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**SOCIAL SECURITY NUMBER**

**DO YOU HAVE A VALID DRIVER'S LICENSE?**

YES	NO	IF YES, STATE OF ISSUE	LICENSE NUMBER	CLASS	EXPIRATION DATE
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**HAVE YOU BEEN CONVICTED OF A FELONY?**

YES	NO	IF YES, EXPLAIN. DISCLOSURE WILL NOT NECESSARILY RESULT IN DISQUALIFICATION
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**EDUCATION AND TRAINING**

NAME AND LOCATION OF HIGH SCHOOL	HIGH SCHOOL GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	HIGHEST GRADE COMPLETED											
		HIGH SCHOOL 1 2 3 4				COLLEGE 1 2 3 4				GRADUATE 1 2 3 4			
NAME AND ADDRESS OF COLLEGE, UNIVERSITY, TRADE, VOCATIONAL SCHOOL OR INSTITUTE	MAJOR	DATES		DEGREE/CERTIFICATE									

**PROFESSIONAL LICENSES, CERTIFICATES OR OTHER CREDENTIALS RELATED TO THIS POSITION**

DESCRIPTION	NUMBER	ISSUED BY WHOM	EXPIRATION DATE

**LIST BELOW OTHER RELATED TRAINING AND SKILLS (OFFICE SKILLS, COMPUTER SKILLS, MECHANICAL, ETC.)**


**ADDITIONAL INFORMATION YOU WOULD LIKE THE CITY OF PACIFICA TO CONSIDER**


**EMPLOYMENT HISTORY**

**BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT AND ACCOUNT FOR ALL TIME DURING THE PAST TEN YEARS. VOLUNTARY JOB EXPERIENCE MAY BE CONSIDERED. RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETING THIS SECTION. ADDITIONAL SHEETS MAY BE ATTACHED.**

DATE EMPLOYED FROM: _____ TO: _____		EMPLOYER NAME
WEEKLY HOURS	MONTHLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

DATE EMPLOYED FROM: _____ TO: _____		EMPLOYER NAME
WEEKLY HOURS	MONTHLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

DATE EMPLOYED FROM: _____ TO: _____		EMPLOYER NAME
WEEKLY HOURS	MONTHLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

DATE EMPLOYED FROM: _____ TO: _____		EMPLOYER NAME
WEEKLY HOURS	MONTHLY SALARY	EMPLOYER ADDRESS
POSITION TITLE		DESCRIPTION OF DUTIES
SUPERVISOR'S NAME		
SUPERVISOR'S TELEPHONE NUMBER		
REASON FOR LEAVING		

MAY WE CONTACT YOUR PRESENT AND PAST EMPLOYERS?  YES  NO  LATER  
 EMPLOYERS LISTED IN THIS APPLICATION ARE AUTHORIZED TO GIVE ANY JOB RELATED INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.  YES  NO  
 WERE YOU EMPLOYED UNDER ANOTHER NAME? \_\_\_\_\_

IF YES, GIVE NAME

**CERTIFICATION OF APPLICANT (READ THIS STATEMENT CAREFULLY BEFORE SIGNING):**

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION, INCLUDING THOSE REGARDING MY TRAINING AND EXPERIENCE, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT HEREIN MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT BY THE CITY OF PACIFICA.**

\_\_\_\_\_  
DATE

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

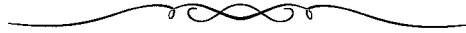
## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

In accordance with equal employment laws, the City of Pacifica is required to maintain statistical data on all applicants. Your voluntary cooperation in completing and returning the following information is appreciated. No employment decisions will be made based on this information.

Position for which you are applying: \_\_\_\_\_

### RACIAL/ETHNIC IDENTIFICATION (PLEASE CHECK ONLY ONE)

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> MALE   | <input type="checkbox"/> WHITE (NOT OF HISPANIC ORIGIN) | <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER         |
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> AFRICAN AMERICAN               | <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE |
|                                 | <input type="checkbox"/> HISPANIC                       | <input type="checkbox"/> FILIPINO                          |
|                                 | <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____   |  |



Please tell the City of Pacifica how you learned about this job opening (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> CITY'S HUMAN RESOURCES DEPARTMENT          | <input type="checkbox"/> OTHER WEB SITE (WHICH ONE) _____ |
| <input type="checkbox"/> CITY EMPLOYEE                              | <input type="checkbox"/> NEWSPAPER (WHICH ONE) _____      |
| <input type="checkbox"/> FRIEND OR RELATIVE                         | <input type="checkbox"/> OTHER AGENCY (WHICH ONE) _____   |
| <input type="checkbox"/> CITY OF PACIFICA WEB SITE<br>(WHERE) _____ | <input type="checkbox"/> ANNOUNCEMENT ON BULLETIN BOARD   |
| <input type="checkbox"/> CITY'S JOB HOTLINE                         | <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____     |