

CITY OF HEALDSBURG

401 Grove Street, Healdsburg, CA 95448-4723 (707) 431-3322 ** FAX (707) 431-3321



1. PLEASE PRINT OR TYPE EXACT TITLE OF POSITION YOU ARE APPLYING FOR:

2. NAME _____
 LAST FIRST MIDDLE

3. ADDRESS _____
 NUMBER STREET APT. NO.

4. CITY _____
 STATE ZIP

5. HOME PHONE _____ 6. WORK PHONE _____

7. SOCIAL SECURITY NUMBER _____

OFFICE USE ONLY

Date Received:

Initials:

- 8. Have you ever worked for the **City of Healdsburg**? Yes No
- 9. Are you related to any person employed by the **City of Healdsburg**? Yes No
- 10. Are you a United States citizen, or an alien authorized to work in the United States? Yes No
- 11. Please check the box or boxes which apply to you. **I will work** Permanent Full Time Permanent Part Time Temporary
- 12. Have you ever been convicted as an adult for any violation of the law? You should exclude all violations under \$300 and those which have been expunged or otherwise removed from your record. Also exclude any convictions more than two years old for violations of Health and Safety Code Sections 11357 (b) or (c), 11360 (b), 11364, 11365 and 11550 as related to marijuana offenses. A conviction is not necessarily a bar to employment and each case will be given individual consideration. A failure to list all convictions other than those excluded above, however, may disqualify you from further consideration. Yes No If YES, please list offense(s) and date(s) convicted:

EDUCATION AND TRAINING

13. Do you have a high school diploma, GED, or California High School Proficiency Certificate? Yes No

14. NAMES OF COLLEGES/UNIVERSITIES ATTENDED	Dates Attended	Course of Study/Major	Degree Awarded		Type of Degree	Date Degree Completed
			YES	NO		

15. OTHER RELEVANT COURSES AND TRAINING	NAME AND LOCATION OF INSTITUTION	Length of Course	Date Ended

16. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED	Serial No.	Date Issued	Expiration Date

17. Drivers License No., Class & Expiration Date	18. Skills, if required for position:	Typing Speed (WPM)	Stenographic Speed (WPM)
19. List any Foreign Language(s) in which you are fluent:	20. OTHER SKILLS:		

Prior to appointment, the selected candidate will be required to pass a complete medical examination. It is the policy of the **City of Healdsburg** to hire only individuals who are legally authorized to work in the United States. Documentation of eligibility to work in the United States will be required as a condition of employment. **ALL APPLICANTS MUST FILL OUT BOTH SIDES OF THIS APPLICATION.**

21. **CERTIFICATE OF APPLICANT:** I certify that all statements made in this application are true, and I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the **City of Healdsburg**.

X _____
 Signature of Applicant

THIS SECTION MUST BE FILLED OUT

(You may attach a resume or other relevant documents to further describe your qualifications, however, a resume in-lieu of a completed application will not meet the requirement to submit a completed application)

22. **EMPLOYMENT HISTORY:** List your work record for the last 10 years. Begin with your most recent experience. Include self-employed and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

FROM: Mo. Yr.	EMPLOYER (BUSINESS/AGENCY NAME) AND ADDRESS	TITLE OF YOUR POSITION	NO. OF EMPLOYEES SUPERVISED BY YOU:
TO: Mo. Yr.		NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hours worked per week:	Duties:		
Salary: \$			
Reason for leaving:			

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TO: Mo. Yr.		NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hours worked per week:	Duties:		
Salary: \$			
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TO: Mo. Yr.		NAME OF SUPERVISOR	SUPERVISORS PHONE NO.
Hours worked per week:	Duties:		
Salary: \$			
Reason for leaving:			

23. Were you ever discharged or forced to resign from any position? Yes No If YES, explain: _____

24. Inquiry may be made of your former employers or the last school you attended regarding your performance record. May we contact your present employer? Yes No

**CITY OF HEALDSBURG
EEO QUESTIONNAIRE**

Healdsburg is asking all applicants for employment to complete this questionnaire. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. This information which you provide voluntarily will be detached from your application and will be kept separate and confidential.

Healdsburg is an equal opportunity employer. If you feel you have been treated unfairly or discriminated against because of race, color, national origin, sex, age or handicap, please contact the City's Personnel Office at **431-3322**. **DISABLED APPLICANTS:** The Personnel Department will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs, please call: **431-3322**.

Exact title of position you are applying for _____ Date: _____

Name: _____ Date of Birth: _____

A. Are you: Male Female

B. Are you age 40 but less than 64? Yes No

C. **ETHNIC ORIGIN (Please Check One)**

- WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK:** All persons having origins in any of the 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 Philippine Islands.
- AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER**

Do you have any physical or mental disability which may limit your ability to perform the essential duties of the job for which you have applied? Yes No If yes, please contact the Personnel Department to explain at (707) 431-3322.

HOW DID YOU LEARN ABOUT THIS POSITION OPENING?

- City Bulletin Board
- City Employee
- Job Hotline
- Public Office other than City
- Minority Organization or Group
- Women's Organization or Group
- School
- Other (please specify) _____

Newspapers

- Santa Rosa Press Democrat
- Marin Independent Journal
- San Francisco Chronicle/Examiner
- San Jose Mercury News
- Sacramento Bee
- Other Newspaper (title) _____

Other Publications

- Jobs Available
- Other Publication (title) _____