



CITY OF MONTEREY
 735 Pacific Street, Suite B
 Monterey, California 93940
 (831) 646-3765

Human Resources Department Use Only
<input type="checkbox"/> App. Accepted
<input type="checkbox"/> App. Rejected
<input type="checkbox"/> Education
<input type="checkbox"/> Experience
<input type="checkbox"/> Late
<input type="checkbox"/> Other

An Equal Employment
Opportunity Employer

APPLICATION FOR EMPLOYMENT

EXACT TITLE OF POSITION YOU ARE APPLYING FOR: _____

INSTRUCTIONS: Please read the announcement to determine if you possess the qualifications for the job. Print, using ink or typewriter. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Read the Certificate of Applicant in Section 7 carefully before signing. Resumes will not be accepted in place of a completed application. Do not respond to any questions with "See resume."

1. PERSONAL DATA

NAME (Last, First, Middle)	Area Code	Home Telephone
MAILING ADDRESS (Number and Street)	Area Code	Work Telephone
(City, State & Zip)	Social Security Number	
Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Enter your date of birth if you are less than 21 years of age.	
State: _____ Number: _____ Class: _____ Expiration Date: _____		

2. PHYSICAL CONDITIONS OR LIMITATIONS

DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATION THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS? YES NO **IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE EXPLAIN IN SECTION 6.**

3. PREVIOUS CITY EMPLOYMENT AND CURRENT EMPLOYMENT OF A RELATIVE

A. Have you previously been employed by the City of Monterey? YES NO
 If you answered "yes", list dates of employment, classification, department, and any former names, if appropriate, in section 6.

B. Are you currently participating in the Public Employees' Retirement System? YES NO

C. Have you ever participated in the Public Employees' Retirement System? YES NO

D. List any relatives currently employed by the City of Monterey and their relationship to you:

4. EDUCATION and TRAINING

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 MORE	NAME & LOCATION OF HIGH SCHOOL _____	Are you a high school grad? <input type="checkbox"/> YES <input type="checkbox"/> NO OR Have you passed the GED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Schools attended other than high school	Location	Course of Study	Credits Earned Semester - Quarter	Degree or Certificate Rec'd. None Type
Please describe additional course work 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.				
Please list languages other than English which you speak fluently: _____				
SPECIAL SKILLS: Typing _____ wpm Shorthand _____ wpm Computer Hardware _____				
What office machines do you operate: _____ Computer Software _____				

5. WORK EXPERIENCE

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job announcement. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education. **DO NOT ENTER "SEE RESUME."**

FROM (MO & YR)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS
HOURS EACH WEEK		NAME OF SUPERVISOR
SALARY \$ PER		REASON FOR LEAVING
FROM (MO & YR)		TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS
HOURS EACH WEEK		NAME OF SUPERVISOR
SALARY \$ PER		REASON FOR LEAVING
FROM (MO & YR)		TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS
HOURS EACH WEEK		NAME OF SUPERVISOR
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FROM (MO & YR)		TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS
HOURS EACH WEEK		NAME OF SUPERVISOR
SALARY \$ PER		REASON FOR LEAVING
FROM (MO & YR)		TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS
HOURS EACH WEEK		NAME OF SUPERVISOR
SALARY \$ PER		REASON FOR LEAVING
FROM (MO & YR)		TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE

6. EXPLANATION OF PREVIOUS ITEMS:

Use this space to provide additional information as required by this application. Attach additional sheets as necessary.

7. CERTIFICATE OF APPLICANT – PLEASE READ CAREFULLY

I certify that the foregoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of material facts are cause for rejection of application, removal from the eligibility list, suspension or dismissal. I hereby authorize the City of Monterey to investigate all statements contained on this application.

SIGNATURE	DATE (Month - Day - Year)
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In order for the City of Monterey to monitor its progress in Affirmative Action, it is necessary for us to identify each person who applies for a City job by the factors shown below. We ask your help in checking the squares which apply to you, and filling in the blanks so that we can keep statistics on each examination. This section will be detached from the application form, and will be used only for statistics. No decisions in the test process will be based on it.

Male Female Title of position _____ Social Security Number _____

ETHNIC ORIGIN – Please check one of the following:

- 1. **Black (not of Hispanic origin)**
All persons having origin in any of the Black racial groups
- 2. **White (not of Hispanic origin)**
All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
- 3. **Asian or Pacific Islanders**
All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands

- (except the Philippine Islands). This area includes, for example, China, Japan, Korea, the Hawaiian Islands, and Samoa.
- 4. **Hispanic**
All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- 5. **American Indian or Alaskan Native**
All persons having origin in any of the original peoples of North America.

- 6. **Filipino**
All persons having origin in any of the original peoples of the Philippines Islands.
- H. **Handicapped**
Are you handicapped according to the definition below:
Section 503 of the Rehabilitation Act of 1973 defines a handicapped person as anyone who:
 1. Has a physical or mental impairment which substantially limits her/his major life activities, or
 2. Has a record of such impairment, or
 3. Is regarded as having such impairment.

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 CANDIDATE WILL BE FINGERPRINTED AND MAY BE MEDICALLY EXAMINED AT CITY EXPENSE. CONVICTION RECORDS WILL BE CHECKED. ALL APPOINTMENTS ARE SUBJECT TO THE SUCCESSFUL COMPLETION OF A PROBATIONARY PERIOD OF SERVICE.

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 THE ELIGIBILITY LIST OR DISMISSAL FROM POSITION. This section will be detached from this application form and will be evaluated only if your name is placed on an eligibility list.

Have you ever been convicted of a breach or violation of any ordinance or law other than a minor traffic violation? Yes No
Exclude convictions for marijuana-related offenses for personal use more than two years old; convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed.

If yes, provide the information requested below for each conviction. Be specific, give name and code number of offense, not simply misdemeanor or felony. **DO NOT LIST ARRESTS – ONLY CONVICTIONS.**

OFFENSE	OFFENSE	OFFENSE
DATE	DATE	DATE
PLACE	PLACE	PLACE
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE