APPLICATION FOR EMPLOYMENT

City of King
212 S. Vanderhurst Ave.
King City, CA 93930

The City of King is an equal employment opportunity employer. The City considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Read these instructions before completing the application:

Complete this application in its entirety. Incomplete applications will not be accepted. It is important to sign and date the application or the application will be considered incomplete. Resumes may be attached, but they will not be accepted in lieu of any information requested. Your qualifications for this position will be evaluated based on the information you provide in your application materials.

Position Applying For:	Date Application Submitted:

How did you first hear of this position?

☐	City Employee	☐	Job Flyer	☐	Personal Contact
☐	City's Web Page	☐	Craiglist.com	☐	Calopps.org
☐	City's Facebook Page	☐	Indeed.com	☐	PORAC
☐	LinkedIn	☐	Job/Career Fair	☐	Other_____

Last Name	First Name	Middle Name

Address (Number and Street)	City	State	Zip Code

Email Address	Telephone Number

If under the age of 18, can you provide required proof of your eligibility to work?	Yes ☐	No ☐
Can you submit verification of your U.S. Citizenship or legal right to work in the U.S.?	Yes ☐	No ☐
Are you a current regular employee of the City of King?	Yes ☐	No ☐
Have you ever been employed with the City of King before?	Yes ☐	No ☐
If yes, provide dates of employment:		
Are you currently enrolled in CalPERS, have previously been enrolled in CalPERS, or receiving retirement benefits from CalPERS?	Yes ☐	No ☐
Do you have relatives employed by the City of King?	Yes ☐	No ☐
If yes, list their names and the relationship:		
Are you related to any current member of the King City Council or any City Board or Commission?	Yes ☐	No ☐
If yes, list their names and the relationship:		
Are you currently a member of the King City Council or any City Board or Commission?	Yes ☐	No ☐
If yes, list the City Board or Commission:		
Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accomodation?	Yes ☐	No ☐

Education

What is your highest level of education? _____

Type of School	Name and Address of School	Course of Study	Did you graduate?	Diploma
☐ High School				
☐ College ☐ Graduate School ☐ Professional				
☐ College ☐ Graduate School ☐ Professional				
☐ College ☐ Graduate School ☐ Professional				
☐ Other				

List any Certificates and Licenses, Type, Issued Month/Year, Expiration Month/Year, Number, Issued by:
Describe any Skills and the Level of expertise, Specialized Training, Apprenticeship and Extra-Curricular Activities (for example, skills may include Typing Words-per-Minute, Languages other than English, Machinery operation):
Additional Information: Honors & Awards, Interests & Activities, Military Service, Miscellaneous, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, etc.:

Do you possess a valid Driver License?   Yes ☐   No ☐

Driver License State: _____   Driver License Number: _____

Do you have any endorsements or restructions (other than eyeglasses)?   Yes ☐   No ☐

If Yes, please list:

Work History

Begin with your present or most recent position. Include all paid and unpaid experience which you think qualifies you for this position. All job-related experience should be stated. Use additional sheets, if necessary.

Position Title	Dates Employed		Name and Title of Supervisor

Employer | | | **Supervisor Telephone Number/email address**

Address, City, State, Zip Code | | | **Reason for Leaving:**

| | | | **Employer Website:** |

May we contact this employer? Yes ☐ **No** ☐

Work Performed:

Position Title	Dates Employed		Name and Title of Supervisor

Employer | | | **Supervisor Telephone Number/email address**

Address, City, State, Zip Code | | | **Reason for Leaving:**

| | | | **Employer Website:** |

May we contact this employer? Yes ☐ **No** ☐

Work Performed:

Position Title	Dates Employed		Name and Title of Supervisor

Employer | | | **Supervisor Telephone Number/email address**

Address, City, State, Zip Code | | | **Reason for Leaving:**

| | | | **Employer Website:** |

May we contact this employer? Yes ☐ **No** ☐

Work Performed:

Position Title	Dates Employed	Name and Title of Supervisor
Employer		**Supervisor Telephone Number/email address**
Address, City, State, Zip Code	**Reason for Leaving:**	
	Employer Website:	
May we contact this employer? Yes ☐ No ☐		
Work Performed:		

State any additional information you feel may be helpful to us in considering your application:

Applicant's Statement

I certify that all statements I have made on this application and on other supplemental materials submitted with this application are true, correct, and complete. I hereby authorize the City of King to investigate the accuracy of this information from any person or organization, and I release the City of King and all persons or organizations from all claims and liabilities arising from such investigations or the supplying of information for such investigations.

I understand that if I am offered the position, I will be required to submit proof of U.S. Citizenship or the legal right to work in the United States, and that if I am hired, I will be required to take an Oath of Office. I also understand that I may be required to pass a pre-employment drug test, a medical exam, and/or other tests as mandated by Federal, State or Local Law, or by the Administrative Policy of the City of King.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause.

I acknowledge that any false statement or misrepresentation on this application, or on supplemental material submitted with this application, will be cause for refusal to hire or for immediate dismissal at any time during the period of my employment. I also understand that I am required to abide by all rules and regulations of the employer and that I must notify the Human Resources Department of any changes in my contact information including name, address, or phone number.

Signature of Applicant   _Date_

SUPPLEMENTAL QUESTIONS

Applicant Information

Last Name: _____ First Name:_____ Date: _____

Position Applied For:_____

Questionnaire

1. Have you ever been convicted of a misdemeanor? Yes ☐ No ☐

2. If you answered "Yes" to Question 1, please provide the applicable date(s), violation(s), and circumstances.
(A "Yes" answer is not an automatic bar to employment. Each case is considered individually.)

3. Have you ever been convicted by any court of a felony? Yes ☐ No ☐

4. If you answered "Yes" to Question 3, please provide the applicable date(s), violation(s), and circumstances.
(A "Yes" answer is not an automatic bar to employment. Each case is considered individually.)

5. Have you ever been on probation or parole? Yes ☐ No ☐

6. If you answered "Yes" to Question 5, please provide the applicable date(s), violation(s), and circumstances.
(A "Yes" answer is not an automatic bar to employment. Each case is considered individually.)

7. Have you received any vehicle citations or moving violations within the last five (5) years? Yes ☐ No ☐

6. If you answered "Yes" to Question 7, please provide the applicable date(s), violation(s), and circumstances.
(A "Yes" answer is not an automatic bar to employment. Each case is considered individually.)

I certify under penalty of perjury that the information I have entered in this supplemental questionnaire is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the City of King. I authorize all agencies to release any information they may have concerning the information provided on this supplemental application to the City of King.

_____   _____
Applicant's Signature   Date Signed