



CITY OF SOUTH PASADENA

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

PLEASE PRINT

Position(s) Applied For: _____

Date of Application: _____

Last Name	First Name	Middle Initial
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Address	City	State	Zip
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Telephone Number (_____)_____

In case of emergency, please notify:

Name	Address	Phone
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Have you ever been known by any other name?

Have you ever been employed with us before? Yes _____ No _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Do you have a social security card? Yes _____ No _____

Are you legally authorized to work in the United States? Yes _____ No _____
(Eligibility to work in the United States is subject to verification upon hire.)

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____ Temporary _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

It is the policy of the City of So. Pasadena not to discriminate on the basis of race, sex, color, national origin, religion, age, marital status or disability and further to make reasonable accommodations as required by law.

Have you ever been convicted of a felony or pled nolo contendere, regardless of adjudication?

Yes _____ No _____

(Conviction or a plea of nolo contendere will not necessarily disqualify an applicant from employment).

IF YOU ARE APPLYING FOR A POSITION WHICH INVOLVES DRIVING, PLEASE COMPLETE THE FOLLOWING THREE QUESTIONS:

Current Valid Driver's License: State _____ Number _____

Type of License: Operator's _____ Chauffeur's _____ Restricted _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, explain in detail: _____

(Note: Applicant's police and driving records will be checked).

Are you at least 18 years of age? Yes _____ No _____

If no, state birthdate: _____

EDUCATION

	<u>School Name & Address</u>	<u>Years Completed</u>	<u>Diploma/ Degree</u>
Elementary School	_____	_____	_____

High School	_____	_____	_____
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Undergraduate College/University	_____	_____	_____
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Graduate/ Professional	_____	_____	_____
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Describe any job-related specialized training, apprenticeship, skills and extra-curricular activities.

State any additional job-related information you feel may be helpful to us in considering your application.

List professional, trade, business or civic activities and offices you would like us to consider.

REFERENCES

Please list name, address and telephone number of three references who are not related to you.

HEALTH

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes _____ No _____

All job offers are conditioned on successful completion of a physical examination administered by an authorized City physician.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer _____
Address _____
Phone # (_____) _____
Job Title _____
Reason for leaving _____
Length of service (dates) From _____ To _____
Hourly Rate/Salary Starting: _____ Final: _____
Work performed: _____

2. Employer _____
Address _____
Phone # (_____) _____
Job Title _____
Reason for leaving _____
Length of service (dates) From _____ To _____
Hourly Rate/Salary Starting: _____ Final: _____
Work performed: _____

3. Employer _____
Address _____
Phone # (_____) _____
Job Title _____
Reason for leaving _____
Length of service (dates) From _____ To _____
Hourly Rate/Salary Starting: _____ Final: _____
Work performed: _____

If you need additional space, please continue on a separate sheet of paper.

COPIES OF THE FOLLOWING DOCUMENTS TO BE SUBMITTED PRIOR TO EMPLOYMENT:

1. Birth certificate.
2. Required education: High school diploma or GED.
3. Armed Forces (report of transfer or discharge, if applicable).
4. Valid driver's license (if you are a licensed driver).
5. Documents verifying eligibility to work in the United States.

MILITARY RECORD

Have you ever served in any branch of the Armed Forces? Yes _____ No _____

If yes, which branch? _____

Date(s) From: _____ To: _____ Total Time: _____

Did you ever receive a dishonorable discharge? Yes _____ No _____

If yes, please explain: _____

If you are an honorably discharged veteran, you may be eligible for Veteran’s Preference in consideration of your application for employment. Substantiating documentation must be furnished at the time of application.

Do you request a Veteran’s Preference? Yes _____ No _____

If yes, please designate the basis for your preference below:

- _____ 1. As a Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
- _____ 2. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a Veteran missing in action, captured or forcibly detained by a foreign power.
- _____ 3. As a Veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.
- _____ 4. As the unremarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

Brand of Service	Date of Entry	Date of Discharge

Have you been employed through Veteran’s Preference since October 1, 1987? Yes _____ No _____

If Yes, name of employer: _____

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295.08 may file a complaint with THE DIVISION OF VETERANS’ AFFAIRS, P.O. BOX 1437, ST. PETERSBURG, FLORIDA 33731, within 21 calendar days from the date of notice of hiring decision.

APPLICANT CERTIFICATION (READ CAREFULLY BEFORE SIGNING):

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that should I be employed, any false, incomplete or incorrect statements of any fact may cause dismissal from City employment, regardless of when discovered.

I agree to furnish proof to substantiate the information on this application. I also agree to submit to a medical examination as may be required after an offer of employment has been extended and I understand that all offers of employment are conditioned on such medical examination. Such examination may include a drug and alcohol screening. Further, I understand that I may be subject to drug and alcohol screening after employment.

I voluntarily give permission to the City of South Pasadena to make investigations of information contained in this application and do hereby fully release the City and its agents from liability for doing so.

I attest that I do not use tobacco products and have not used tobacco products within a period of at least one year prior to this date.

If I am employed by the City of South Pasadena, I will conform to the rules, regulations and policies of the City of South Pasadena and understand that my employment can be terminated at any time, with or without cause, and with or without notice, by either myself or the City.

DATE

APPLICANT'S SIGNATURE