



CITY OF REDWOOD CITY EMPLOYMENT APPLICATION

DEPARTMENT OF HUMAN RESOURCES
1017 MIDDLEFIELD ROAD
REDWOOD CITY, CA 94063
(650)780-7281

An Equal Opportunity Affirmative Action Employer

Please visit our website at: www.redwoodcity.org

PLEASE NOTE: Type or print information onto this form. Use black ink. Incomplete or illegible applications will not be accepted.

1. Job Title and Number from Announcement: _____

2. Name _____
Last First Middle

3. Address _____
Number Street Apt. # City State Zip

4. Home Phone (_____) _____ Business Phone (_____) _____ Cell Phone (_____) _____

5. Email address: _____ Any and all correspondence regarding the job title above will be sent to this email address.

6. Are you over 18 years of age? Yes No (Employment is subject to verification that you meet any legal age requirements for the job applied for)

7. I have been convicted by a court of an offense. Yes No
For each offense please list (On a separate sheet of paper): the violation; the court (including military); the place and date of conviction; the penalty (fine, sentence, dates(s) of probation), and the name under which convicted. Please omit any misdemeanor convictions for which you have successfully completed probation or which has been judicially dismissed pursuant to Penal Code section 1203.4. Note that conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old, as of the date that you complete this application, for violation of Health and Safety Code sections 11357, 11360, 15500, as those statues related to marijuana prior to January 1, 1976, or statutory predecessor to those statues.

8. Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? Yes No

9. Do you possess a valid California Driver's License? Yes No
Driver's License Number _____ Expiration Date _____ Class _____

EDUCATION and TRAINING

Check appropriate box if you possess one of the following:

8 9 10 11 12 Some College AA/AS BA/BS Masters +
Highest year completed

Did you graduate from High School or receive a GED? Yes No

High School Attended: _____ Location of HS/GED: _____

LIST YOUR EDUCATION/TRAINING RELATED TO THE POSITION INCLUDING COLLEGES/TECHNICAL, AND MILITARY SCHOOLS, ETC.

Name and Address of College, University Vocational School or Institute	Course of Study Or Major	Degree(s), Certificates, Units Hours if Applicable
A.		
B.		
C.		
D.		

List special skills and current valid licenses, certificates or registrations relevant to this position:

EMPLOYMENT HISTORY

Begin with your most recent experience.

List work record history and include any other pertinent experience. Failure to list work experience will be considered an incomplete application and subject to rejection. **A resume will not substitute for the information required in this section.** Resumes may be included, but do not write "See Resume" in lieu of completing the application.

NOTE: Work experience is based on 40 hours per week (pro-rated if less than 40 hours per week).

Current or most recent employer name & address:

DATES EMPLOYED Month Year Month Year From / To /	JOB TITLE AND DESCRIPTION OF DUTIES 	
Total Months	Hours Per Week	SUPERVISOR'S NAME AND PHONE No.
Monthly Salary		REASONS FOR LEAVING
Number of employees you supervised:		

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO If "No," indicate exceptions and reasons.

Previous employer name & address:

DATES EMPLOYED Month Year Month Year From / To /	JOB TITLE AND DESCRIPTION OF DUTIES 	
Total Months	Hours Per Week	SUPERVISOR'S NAME AND PHONE No.
Monthly Salary		REASONS FOR LEAVING
Number of employees you supervised:		

Previous employer name & address:

DATES EMPLOYED Month Year Month Year From / To /	JOB TITLE AND DESCRIPTION OF DUTIES 	
Total Months	Hours Per Week	SUPERVISOR'S NAME AND PHONE No.
Monthly Salary		REASONS FOR LEAVING
Number of employees you supervised:		

Previous employer name & address:

DATES EMPLOYED Month Year Month Year From / To /	JOB TITLE AND DESCRIPTION OF DUTIES 	
Total Months	Hours Per Week	SUPERVISOR'S NAME AND PHONE No.
Monthly Salary		REASONS FOR LEAVING
Number of employees you supervised:		

CITY OF REDWOOD CITY AFFIRMATIVE ACTION QUESTIONNAIRE

Section 1233 of the California Government Code gives each individual the opportunity to voluntarily declare his/her identification on an employment application. This information will be used by the City of Redwood City in conducting research and in compiling statistical reports regarding the composition of its job applicants and workforce. It is illegal to use this information to discriminate against or, or give preference to a person for hiring or promotion. After this information has been recorded by the Human Resources Department, it will be removed from the application prior to review by the hiring department.

Position you are applying for: _____

Position No. _____

Please answer all the questions by placing an "X" in the appropriate box.

A. Please indicate gender:

1. Male
2. Female

B. Please indicate the racial / ethnic category which you most closely identify with below

(Please check only one):

- WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC**: All persons of Mexican, Puerto Rico, Cuban, Central American, South American or Spanish culture or origin, regardless of race.
- ASIAN/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 Cambodia, China, India, Japan, Korea, and Samoa.
- AMERICAN INDIAN/ALASKAN NATIVE**: All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Please identify the tribe which you are affiliated with. _____
- OTHER/BI-RACIAL**: Persons who do not identify with any of the above categories or who have no or unknown racial/ethnic origins.

C. DISABILITIES: (Check all that apply)

- None Hearing Sight Speech Other

I first learned of this job opening through (please check one):

CITY OF REDWOOD CITY RELATED

- City Human Resources Department
 City Employee
 City Job Bulletin
 City Website
 City Job Hotline
 Direct Mailer
 Job Fair

NEWSPAPERS

- San Francisco Chronicle
 Oakland Tribune
 San Jose Mercury
 Contra Costa Times

INTERNET

- CalOpps.org
 Craigslist.org
 Monster.com
 GovJobs.com
 HotJobs.com

PUBLIC SECTOR PUBLICATIONS

- Jobs Available
 Western City
 ICMA Newsletter
 City & State

SPECIALIZED PUBLICATIONS

- The Recorder
 Daily Journal
 Planners Network
 A.P.A.
 CA Job Journal

OTHER

- _____

Are you related to anyone employed by the City of Redwood City? No Yes

If yes, please provide name and relationship: _____