



CITY OF REDWOOD CITY EMPLOYMENT APPLICATION

DEPARTMENT OF HUMAN RESOURCES
1017 MIDDLEFIELD ROAD
REDWOOD CITY, CA 94063
(650) 780-7281 FAX (650) 364-3539

An Equal Opportunity Affirmative Action Employer

Please visit our website at: www.redwoodcity.org

FOR HUMAN RESOURCES USE ONLY

Reviewer _____ Date _____

Accepted Rejected
Reason 1. Education 3. Late filing
2. Experience 4. Other

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 City State Zip
E-mail address _____
4. Business Phone () _____ Home Phone () _____ Social Security No. _____ - _____ - _____

Background Information:

- 5. If you are under the age of 18, can you submit a work permit after an offer of employment has been made? Yes No
- 6. Can you submit proof of eligibility to work in the United States after an offer of employment has been made? Yes No
- 7. Have you ever been convicted of a misdemeanor or felony? Yes No

NOTE: Conviction of a felony may not disqualify you. Qualifications and background are reviewed in relation to job requirements.

Each case is considered individually. If Yes, please explain. _____

- 8. Do you possess a valid California Driver's License? Yes No
Driver's License Number _____ Expiration Date _____ Class _____
- 9. Computer Proficiency: _____ Net WPM: _____
- 10. Bilingual language skills? Yes No Language(s) _____ Read Write Speak
- 11. Other skills/qualifications relevant to the position applied for _____

12. List licenses or certificates and/or registrations which are related to the position for which you are applying.

Number	Date Issued	Expiration Date	Title

Education and Training:

- 11. Circle highest grade completed 7 8 9 10 11 12 College 1 2 3 4 degree Yes No Grad Work? Yes No
Name and location of College, University, Institute or Organization _____ Course of Study or Major _____ Degree, Certification, Units completed _____

12. Why do you want to work for the City of Redwood City?

13. Please describe how you provide excellent customer service:

EMPLOYMENT RECORD

1. This section must be completed even if you attach your resume. Incomplete applications will not be accepted.
2. Begin with your last or most recent position, and go back at least 10 years, including any periods of unemployment or school.
3. Attach your resume and any other documents that describe your qualifications. Your qualifications for a position will be evaluated strictly against the information you provide.
4. Please include any unpaid/volunteer experience which is related to the position for which you are applying.

CURRENT OR LAST

EMPLOYER NAME AND ADDRESS: _____

DATES EMPLOYED:

FROM: _____ TO: _____

SALARY: _____ mo/yr _____ mo/yr

\$ _____ FT PT

JOB TITLE: _____

DUTIES: _____

PHONE NUMBER: () _____

SUPERVISOR NAME: _____

REASON FOR LEAVING? _____

MAY WE CONTACT THIS EMPLOYER? Yes No

If "No", indicate exceptions and reasons. _____

EMPLOYER NAME AND ADDRESS: _____

DATES EMPLOYED:

FROM: _____ TO: _____

SALARY: _____ mo/yr _____ mo/yr

\$ _____ FT PT

JOB TITLE: _____

DUTIES: _____

PHONE NUMBER: () _____

SUPERVISOR NAME: _____

REASON FOR LEAVING? _____

MAY WE CONTACT THIS EMPLOYER? Yes No

If "No", indicate exceptions and reasons. _____

EMPLOYER NAME AND ADDRESS: _____

DATES EMPLOYED:

FROM: _____ TO: _____

SALARY: _____ mo/yr _____ mo/yr

\$ _____ FT PT

JOB TITLE: _____

DUTIES: _____

PHONE NUMBER: () _____

SUPERVISOR NAME: _____

REASON FOR LEAVING? _____

MAY WE CONTACT THIS EMPLOYER? Yes No

If "No", indicate exceptions and reasons. _____

EMPLOYER NAME AND ADDRESS: _____

DATES EMPLOYED:
 FROM: _____ TO: _____
 SALARY: _____ mo/yr _____ mo/yr
 \$ _____ FT PT

JOB TITLE: _____
DUTIES: _____

PHONE NUMBER: () _____
 SUPERVISOR NAME: _____
 REASON FOR LEAVING? _____

MAY WE CONTACT THIS EMPLOYER? Yes No
 If "No", indicate exceptions and reasons. _____

EMPLOYER NAME AND ADDRESS: _____

DATES EMPLOYED:
 FROM: _____ TO: _____
 SALARY: _____ mo/yr _____ mo/yr
 \$ _____ FT PT

JOB TITLE: _____
DUTIES: _____

PHONE NUMBER: () _____
 SUPERVISOR NAME: _____
 REASON FOR LEAVING? _____

MAY WE CONTACT THIS EMPLOYER? Yes No
 If "No", indicate exceptions and reasons. _____

HOW DID YOU HEAR ABOUT THIS POSITION? (Please check those appropriate)

<input type="checkbox"/> City Human Resources Department	<input type="checkbox"/> San Jose Mercury News
<input type="checkbox"/> Other Public Agency	<input type="checkbox"/> San Mateo Times
<input type="checkbox"/> City Employee	<input type="checkbox"/> Jobs Available
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Other Newspaper _____
<input type="checkbox"/> City's 24 Hour Job Hotline	<input type="checkbox"/> Jobs & Careers
<input type="checkbox"/> Redwood City Web Site	<input type="checkbox"/> Job Fair
<input type="checkbox"/> On-line Services	<input type="checkbox"/> Radio/TV Ads
<input type="checkbox"/> San Francisco Chronicle	<input type="checkbox"/> Other _____

CERTIFICATION OF APPLICANT. (Read carefully before signing)

I hereby certify that all statements made in this application are true and I authorize investigation and verification of all matters contained in this application. I understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Redwood City. I further agree to be fingerprinted, to submit to a complete medical examination by a City physician and to furnish such proof of age and citizenship as may be required.

Signature _____ Date _____

Note: If you require special arrangements, please contact the Human Resources Department.

