

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 Ap			e Application Submitted:		
How did you first hear of this position?					
City Employee	Job Flyer	Personal	Contact		
City's Web Page	Craiglist.com	Calopps.o	ırg		
City's Facebook Page	Indeed.com	PORAC			
LinkedIn	Job/Career Fair	Other			
Last Name	First Name		Middle Na	ame	
Address (Number and Street)	City	State		Zip Code	
Email Address		Telephone I	Number		
If under the age of 18, can you provide re	equired proof of your eligibi	lity 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				No	
			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 L	
If yes, list their names and the r	elationship:				
Are you related to any current member of	of the King City Council or ar	ny 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		e applying, either	_		
with or without a reasonable accomodation?				No L	

Education

What is your highest level of education?					
Type of School	Name and Address o	f School Cou	rse of Study	Did you graduate?	Diploma
High School	name and Adaless o	. Seneor Cour	se or stady	Dia you gradate.	J. Iproma
College Graduate School Professional					
College Graduate School Professional					
College Graduate School Professional					
Other					
List any Certificates an	d Licenses, Type, Issued	Month/Year, Ex	piration Month	/Year, Number, Issued	by:
•	I the Level of expertise, in the Level of expertise, in the Level of expertise, in the Level of	•	• • •	•	
	n: Honors & Awards, Into ons, Professional Memb				
	nse State: e any endorsements or r] License Number than eyeglasse		

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 We	ebsite:	
May we contact this employer? Yes No			
Work Performed:			
Position Title	Dates E	mployed	Name and Title of Supervisor
Employer		l	Supervisor Telephone Number/email address
Address, City, State, Zip Code	Reason for Le	eaving:	
	Employer We	bsite:	
May we contact this employer? Yes No			
Work Performed:			
			In this can
Position Title	Dates E	mployed	Name and Title of Supervisor
Employer		I	Supervisor Telephone Number/email address
Address, City, State, Zip Code	Reason for Le	eaving:	
	Employer We	ebsite:	
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 No					
Work Performed:					
State any additional information you feel ma	y be helpful to us in co	onsidering 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



City of King

212 S. Vanderhurst Ave. King City, CA 93930 An Equal Opportunity Employer

SUPPLEMENTAL QUESTIONS

Applicant Information		
Last Name:	First Name:	Date:
Position Applied For:		
Questionnaire	<u></u>	
1. Have you ever been convicted	of a misdemeanor? Yes I	No
2. If you answered "Yes" to Ouest	ion 1. please provide the applicable	date(s), violation(s), and circumstances.
•	tic bar to employment. Each case is	
3. Have you ever been convicted	by any court of a felony? Yes	No 🗌
•	ion 3, please provide the applicable tic bar to employment. Each case is o	date(s), violation(s), and circumstances. considered individually.)
5. Have you ever been on probati	ion or parole? Yes No	
•	ion 5, please provide the applicable tic bar to employment. Each case is o	date(s), violation(s), and circumstances. considered individually.)
7. Have you received any vehicle	citations or moving violations with	in the last five (5) years? Yes \[\] No \[\]
	ion 7, please provide the applicable tic bar to employment. Each case is o	date(s), violation(s), and circumstances. considered individually.)
best of my knowledge. I further under from the examination process or dism	rstand that any false, incomplete, or inco	upplemental questionnaire is true and complete to the orrect statements may result in my disqualification King. I authorize all agencies to release any lemental application to the City of King.
Applicant's Signature		Date Signed

POSITION FOR WHICH YOU APPLIED:

In accordance with Section 1233 of the State Government Code and Section 1420 of the State Labor Code, the information requested below will be used for statistical and reporting purposes only. It will enable the City of King to more effectively evaluate the recruitment process in compliance with Equal Opportunity Employment laws and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be made a part of the selection process. If you have any questions regarding this request, please contact the City of King. Thank you for your assistance.				
_	FEMALE MALE	AGE: [☐ 17 & Under ☐ 18 to 21	☐ 22 to 39 ☐ 40 to 65
RAC	CE/ETHNIC CATEGORY:			
	Spanish culture or origin, regardles WHITE (Not Hispanic or Latino): A or the Middle East. BLACK OR AFRICAN AMERICAN OF Africa. AMERICAN INDIAN OR ALASKA original peoples of North and South through tribal affiliation or commun ASIAN OR PACIFIC ISLANDER: Southeast Asia, the Indian Subcon Japan, Korea, the Philippine Island TWO OR MORE RACES (Not Hispanics) I DO NOT WISH TO SELF-IDENTIAL	s of race. All persons N (Not His N NATIVE A America ity recogn All persor tinent, or to s, and Sa panic or La	s having origins in any or spanic or Latino): All per E (Hispanic or Latino): A I (Including Central Ame Inition. Ins having origins in any Ithe Pacific Islands. This Imoa	can, Central or South American, or other of the original peoples of Europe, North Africa, rsons having origins in the black racial groups All persons having origins in any of the erica), and who maintain cultural identification of the original peoples of the Far East, area includes, for example, China, India, identify with more than one of the above five
	E-DISABLED CATEGORY:	ere with vo	ou performing the job for	r which you are applying, please indicate. All
	mation is voluntary and will be kept HEARING IMPAIRM	confident		mion you are applying, please maleate. 7 ii
	☐ VISUAL IMPAIRMEI☐ ORTHOPEDIC DISA☐ MENTAL/EMOTION☐ MEDICAL CONDITION☐ OTHER	ABILITY AL DISOF	RDER	
JOB SOURCE INFORMATION:				
	ase indicate where you learned about ity Web Page inkedIn ob flyer posted at another agency tate employment office rofessional journal or publication (pl college placement service (please sp city of King Employee riend or relative other (please specify)	ease spec		

Please contact Human Resources if you require special accommodations during the examination process.