



City of Concord
 Human Resources Office
 1950 Parkside Drive, M/S 30 (mail)
 2974 Salvio Street (visit)
 Concord CA 94519-2578
 Phone (925) 671-3308
 Fax (925) 671-3496
 http://www.cityofconcord.org/hr/jobs.htm

EMPLOYMENT APPLICATION

An Equal Opportunity Employer/Veteran's Preference Employer

PLEASE COMPLETE THIS APPLICATION ACCURATELY,
 IT IS PART OF THE EXAMINATION PROCESS.

FOR HUMAN RESOURCES USE ONLY

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LATE	
COND	
ED/EXP	

POSITION APPLIED FOR:

Name: Last First Middle Initial

Address: Number Street Apt. No. City State Zip

HOME PHONE: () - WORK PHONE: () - MESSAGE PHONE: () -

IMMIGRATION REFORM & CONTROL ACT: After employment, you will be required to submit verification of your legal right to work in the United States.

CALIFORNIA DRIVER'S LICENSE: If a driver's license is required to perform the job for which you are applying (see Job Announcement), do you have the necessary driver's license? (You may be requested to produce proof of a current license.) Yes No

Will you accept: Full-time work? YES NO
 Part-time work? YES NO
 Temp/Seasonal work? YES NO

If YES, License # _____ Class _____ Exp. Date _____

JOB -RELATED EDUCATION AND TRAINING

Describe fully any business, trade or other education (verification of education may be requested).

Name & Location of School	Years Attended		Date Graduated	Diploma or Degree Received	Major Subjects	No. of Semester Units Completed
	From Mo./Yr.	To Mo./Yr.				
College/University Name and Location:						
High School Name and Location:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, do you have a G.E.D., California High School Proficiency Certificate or equivalent? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Other Schools:						

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess which are relevant to the position applied for. (Attach additional sheets as necessary)

Have you ever been convicted of any offense(s) other than a driving violation? (Exclude juvenile offenses if records legally sealed.) If yes, list offense(s) and date(s) of convictions in "Comments" section. A yes answer is not necessarily disqualifying. YES NO

Have you ever been convicted of reckless driving or driving under the influence of alcohol or other drugs **OR** has your driver's license ever been suspended or revoked as a result of conviction(s) of driving violation(s): List offense(s) and date(s) of conviction(s) in the "Comments" section. A yes answer is not necessarily disqualifying. YES NO

Were you ever discharged from employment or forced to resign from employment because of misconduct or unsatisfactory services? If yes, explain in "Comments" section. A yes answer is not necessarily disqualifying. YES NO

May we contact the employers you have listed? If not, please state which one(s) and reason in "Comments" section. YES NO

Are you now or have you ever been employed by the City of Concord? YES NO

Veteran's Preference: Do you wish to claim Veteran's Preference, if applicable? To be considered, you must submit a copy of your discharge papers (DD214). YES NO

Are you a relative of a City of Concord employee? If so, please provide employee's name and department in the "comments" section below. YES NO

Comments:

EXPERIENCE

List your most recent employment or related volunteer experience first and account for all time periods during the last 10 years. Be sure to list each change in title or promotion separately. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but **a resume will not substitute for the information required in this section.**

Resume/supplements attached: YES NO

FROM: MO./YR. -	TO: MO./YR.	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS./MOS.		ADDRESS City State Zip	NAME OF SUPERVISOR AND PHONE NO.	
HOURS PER WEEK	DUTIES: _____			
FINAL SALARY: \$	_____			

REASON FOR LEAVING OR SEEKING A JOB CHANGE AT THIS TIME:

FROM: MO./YR. -	TO: MO./YR.	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS./MOS.		ADDRESS City State Zip	NAME OF SUPERVISOR AND PHONE NO.	
HOURS PER WEEK	DUTIES: _____			
FINAL SALARY: \$	_____			

REASON FOR LEAVING:

FROM: MO./YR. -	TO: MO./YR.	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS./MOS.		ADDRESS City State Zip	NAME OF SUPERVISOR AND PHONE NO.	
HOURS PER WEEK	DUTIES: _____			
FINAL SALARY: \$	_____			

REASON FOR LEAVING:

FROM: MO./YR. -	TO: MO./YR.	EMPLOYER (Business or Agency Name)	TITLE OF YOUR PRESENT POSITION	NO. EMPLOYEES SUPERVISED
TOTAL TIME: YRS./MOS.		ADDRESS City State Zip	NAME OF SUPERVISOR AND PHONE NO.	
HOURS PER WEEK	DUTIES: _____			
FINAL SALARY: \$	_____			

REASON FOR LEAVING:

REMARKS: (Attach additional sheets as necessary)

CERTIFICATE OF APPLICANT

I certify that the information shown is true, complete and correct to the best of my knowledge, and that misstatements may subject me to disqualification or dismissal. I further understand any or all information included on this application is subject to verification by the City of Concord.

SIGNATURE

DATE

PLEASE COMPLETE THE SURVEY BELOW WHICH WILL BE REMOVED BEFORE APPLICATION IS PROCESSED

To comply with United States Government Equal Employment Opportunity requirements we are asking all applicants for employment to complete this form. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts and selection procedures. This information which you provide voluntarily will be kept confidential. Refusing to provide the information will not result in adverse treatment.

The City of Concord is an equal opportunity employer. In accordance with applicable laws and regulations, the City does not discriminate on the basis of disability or on the basis of other prohibited criteria. If you feel you have been treated unfairly or discriminated against because of race, color, national origin, sex, age or disability, please contact the Human Resources Department at (925) 671-3308.

DISABLED APPLICANTS: The Human Resources Office may have resources to assist you in the exam process. If you have special needs, please call (925) 671-3308.

CITY OF CONCORD EQUAL OPPORTUNITY EMPLOYER SURVEY

Exact title of position you are applying for: _____ Date _____

Name _____

A. Are you Male Female **B.** Are you age 40 or over? Yes No

C. Ethnic Origin (Check one)

- White** (not of Hispanic origin): All persons having origins in any of the 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 Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or 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, China, India, Japan, Korea and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

- I first learned of this job opening through (check one only):
- A Friend or Relative
 - Contact with a City Department/Employee
 - Bulletin Board
 - The City's Human Resources Department or Walk-In
 - Internet, specify web site: _____
 - An Organization or Group, specify: _____
 - An advertisement: Newspaper Publication TV Radio
 - Other means, specify: _____
 - City of Concord Employment Jobline

If you are disabled and would like to request testing accommodations, please describe:
