APPLICATION FOR CITY EMPLOYMENT

RETURN TO:

CITY OF CLAYTON Human Resources Division 6000 Heritage Trail, 3rd Floor Clayton, CA 94517 925-673-7304



For City L	Ise Only
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The City of Clayton is an Equal Opportunity Employer

Please carefully review the minimum qualifications listed on the job announcement. If you believe you meet the minimum qualifications, complete and submit the application. Answer <u>all</u> questions completely and accurately. A **RESUME IS NOT A SUBSTITUTE FOR THE REQUESTED INFORMATION**, and please **do not write "See Resume"** on the application. The answers provided will determine whether or not you will continue in the screening process.

Your completed application, coupled with any supplementary materials specified on the job announcement, MUST be received at Human Resources by the date and time (Pacific Time) specified on the job announcement. Electronically sent applications are accepted at <u>AWalcker@claytonca.gov</u>. We are not responsible for materials lost or delayed in the mail or by electronic transmission. An incorrect or incomplete, untimely, or unsigned application may disqualify your application from being processed. Notify Human Resources <u>prior</u> to the closing date if you require a reasonable accommodation during any part of the application process.

POSITION APPLYING FOR:

PERSONAL INFORMATION				
Name:				
	Last		First	Middle
Address:				
Home Phone:	()		
Cell Phone:	()		
Message Phone:	()		
E-Mail Address:				

Can you provide proof you are legally allowed to work in this country?	□ Yes	□ No
If the position requires driving, do you possess a valid California Driver's License? (If you are unsure whether the position for which you are applying requires driving, please inquire with HR before answering this question)	□ Yes	□ No
Have you ever been employed by the City of Clayton?	□ Yes	□ No
Do you have relatives employed by the City of Clayton? If YES, state name(s) and relationship	□ Yes	□ No
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age)	□ Yes	□ No
Are you able to perform the functions of the job for which you are applying, either with or without reasonable accommodation? (When answering this question, please review the job functions listed on the job announcement) If no, please describe the function(s) that cannot be performed:	□ Yes	□ No
	□ Yes	□ No
May we contact you at your current employment? Do you speak, read or write any foreign languages?	□ Yes	□ No
If YES, which language(s):		
	\Box Yes	□ No
Do you wish to claim a Veteran's Preference for service in the Vietnam-Era? If applicable, to be considered you must submit copy of your discharge papers (DD214)		

BACKGROUND

Background Acknowledgement

As part of the employment process, you may be required to undergo a background investigation. You understand that by checking "Yes," you consent to the City of Clayton performing any applicable background investigation relevant to the position. You also understand that any information obtained as part of this process will remain confidential to the extent possible and will not necessarily preclude you from employment.

Pursuant to state law the City of Clayton no longer requests conviction information or (for those who will be driving in connection with assigned duties) proof of safe driving record at the time of application submission.

Only candidates who receive a conditional offer of employment will be required to provide conviction information to Human Resources. Conviction information will still be required with initial application for any position where a criminal background check is required by law

Upon request for conviction information by the City, recipients of a conditional offer of employment will be required to disclose pertinent criminal history. The failure to disclose pertinent misdemeanor or felony convictions will result in denial of employment. Those who receive conditional offers are subject to being fingerprinted to verify criminal history prior to starting employment.

Resignation Discharge/Release

Have you ever been rejected during a probationary period, discharged, or forced to resign from any	ΠY
employment within the last twenty (20) years? If YES, give the name of the employer(s), reason you	
were provided for each release, and dates of employment. If answer is YES, it is not necessarily	
a bar to employment. Each case is given individual consideration based on the job relatedness and	
other relevant considerations.	

 \Box Yes \Box No

Employer(s):

__and reason(s):_

EDUCATION, TRAINING, AND EXPERIENCE

Describe fully any business, trade, or other formal education (verification from the institution may be requested)

Select the Highest Grade Completed	Name of School	Location (City, State)	Grad	luate
□9 □ 10 □ 11 □ 12			□ Yes	□ No*
* If "No," do you have a G.E.I	D., California High School Proficiency	ı Certificate or equivalent? □ Yes	\square No	
			Nucl	TT •

College, Business or Trade School Attended	Dates	Degree	Major Subject(s)	No. of Units Completed

Computer Literacy: Check the software you are adept at using or are skilled in:

Windows	Excel	Other:
Outlook	MS Word	🗆 Other:

PowerPoint

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).

 \Box Yes \Box No

EMPLOYMENT HISTORY

In the space below, give your <u>complete</u> record of employment during the last fifteen (15) years. Start with your current or most recent position and work back. List your positions in the order you held them. Explain all gaps in employment. If you wish, you may include relative experience more than fifteen years ago by using additional sheets, as necessary. Voluntary non-paid experience will be considered if job related. A resume or other supporting documentation may be attached, but it may **not** be used as a substitute for completing this section. Please do not leave any line blank.

FROM (MO/YR):	TO (MO/YR):	EMPLOYER:	TITLE:
TOTAL LENGTH OF E	EMPLOYMENT:	ADDRESS:	
HOURS PER WEEK		DUTIES:	
NAME OF SUPERV	ISOR AND PHO	NE NO:	NO. EMPLOYEES SUPERVISED:
REASON FOR LEAVING OR SEEKING A JOB CHANGE:			

FROM (MO/YR):	TO (MO/YR):	EMPLOYER:	TITLE:	
TOTAL LENGTH OF EMPLOYMENT:		ADDRESS:		
HOURS PER WEEK	:	DUTIES:		
NAME OF SUPERVISOR AND PHO		NE NO:	NO. EMPLOYEES SUPERVISED:	
REASON FOR LEAVING OR SEEKING A JOB CHANGE:				

FROM (MO/YR):	TO (MO/YR):	EMPLOYER:	TITLE:	
TOTAL LENGTH OF I	EMPLOYMENT:	ADDRESS:		
HOURS PER WEEK		DUTIES:		
NAME OF SUPERV	ISOR AND PHO	NE NO:	NO. EMPLOYEES SUPERVISED:	
REASON FOR LEAVING OR SEEKING A JOB CHANGE:				

ADDITIONAL RELEVANT INFORMATION: (Attach other sheets, as necessary)

References

List three people, **other than relatives and previous employers**, who have knowledge of your competence in the field for which you are applying.

Name	Relationship to Applicant	Address	Telephone Number
1.			
2.			
3.			

Answer this question ONLY if you are applying for a peace officer position applying for is with the Clayton Police Department.

If not, please DISREGARD and move on to the Acknowledgement section.

Have you ever plead guilty or "no contest" to, or been convicted of, a misdemeanor or felony?
Question Yes
No

If YES, please give the date(s) and details:

Note: Answering "yes" to this question is not an automatic bar to employment. Each case is considered on its own merits. Do not include minor traffic infractions, convictions that have been sealed pursuant to Penal Code section 851.7, or convictions which have been expunged pursuant to Penal Code section 851.8.

ACKNOWLEDGEMENT, AUTHORIZATION AND AGREEMENT (Important - Please Read Before Signing)

I certify that all statements contained herein or submitted to the City of Clayton as part of this application are true to the best of my knowledge, and I agree and understand that any misstatements or omission of material facts contained herein or in any material submitted as part of the application process (for example, medical reports, certifications, licenses, school transcripts, etc.) regardless of when discovered, may result in the disqualification of my application. If said information is discovered after I have become an employee of the City of Clayton, it may lead to the termination from my position.

I further agree and understand that my application to the City of Clayton is contingent upon my signing a "Waiver and Release of Information," which will allow the City of Clayton to obtain information about my application and background from sources such as schools, present or former employers, present or former supervisors or co-workers, and other individuals. I further agree to undergo any job related physical examination and drug screening upon receiving a conditional offer of employment. The physical exam and/or drug screening will be paid for by the City of Clayton. If successful completion of a physical exam or drug screening test is not obtained, I understand I will not be eligible for employment with the City of Clayton.

On submittal, this application is the property of the City of Clayton and if hired becomes part of my personnel file.

APPLICANT'S SIGNATURE:	Date:

The City of Clayton is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, sex, sexual orientation, gender, gender identity, gender expression, national origin, ancestry, age (over 40), disability, medical condition, genetic information, marital status, military or veteran status, or any other legally protected status.