



HUMAN RESOURCES OFFICE
 200 CIVIC CENTER DRIVE
 VISTA, CA 92084-6275
 (760) 726-1340

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY - AFFIRMATIVE ACTION - DISABILITY EMPLOYER

POSITION APPLIED FOR: _____
EXAM NO. : _____

EMAIL ADDRESS: _____

 LAST NAME FIRST NAME M.I. () AREA CODE () HOME PHONE () AREA CODE WORK PHONE

 STREET ADDRESS CITY STATE ZIP

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this recruitment, contact the Human Resources Office at (760) 726-1340 or through the California Relay Service. Large print copies of all job announcements are available upon request. Notification in advance will enable the City to make reasonable arrangements to accommodate your needs.

1. Are you over 18? Yes No
2. Please check the types of appointment(s) you will accept:
 Full-time Regular Part-time Regular Full-time Temporary Part-time Temporary
3. May we contact your current and/or previous employers? If no, explain under the Remarks Section. Yes No
4. What is your minimum acceptable monthly salary? \$ _____
5. Have you ever been employed by the City of Vista? If yes, explain under the Remarks Section. Yes No
6. Are any of your relatives employed by the City of Vista? If yes, explain under the Remarks Section. Yes No
7. Have you ever been discharged or asked to resign? If yes, explain under the Remarks Section. Yes No
8. Have you ever been convicted of a felony or misdemeanor? If yes, on a separate sheet of paper, give the following information for each offense: (a) date, (b) charge, (c) place, (d) court and (e) action taken. You may omit any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law or listed in Labor Code Section 432.8. (A conviction will not necessarily disqualify you from employment). Yes No
9. Do you have a valid Driver's license? Yes No
 License Number _____ State _____ Expiration Date _____ Class _____
10. Are you able to perform the duties of the position applied for without an accommodation? If accommodation is needed, explain under the Remarks Section, how you would perform the tasks and with what accommodation. Yes No

Prior to employment, applicants will be required to provide necessary documentation to verify proof of legal residence entitling them to work in the United States.

EDUCATION AND TRAINING

Circle highest grade completed in High School: 9 10 11 12 Did you receive a High School diploma? Yes No G.E.D. College: 1 2 3 4 5 6

| Name and Address of Schools | Did you Graduate? | Degree | Major Subjects | Units Completed (If No Degree) |
|-----------------------------|-------------------|--------|----------------|--------------------------------|
| High School: | | | | |
| College/University: | | | | |
| Other Schools: | | | | |

Adult education, special training, certificates and/or licenses which directly relate to position applied for: _____

AGREEMENT: READ CAREFULLY BEFORE SIGNING

I certify that all statements made in this Application are true and complete, and I authorize investigation of all matters herein contained. I agree and understand that any misrepresentation or commission of a material fact may be justification for rejection of my Application, refusal of employment, removal of my name from an Eligibility List, and/or dismissal from employment with the City of Vista. I agree to undergo a physical examination by a City Physician and fully understand that employment is contingent upon meeting the City's physical requirements. I further agree to be fingerprinted and to furnish proof of age and citizenship as may be directed. I also authorize the employers, schools and persons named above to provide any additional information regarding my qualifications and character.

SIGNATURE

DATE

APPLICANT TRACKING FORM

To further its commitment to Equal Employment Opportunity, the City of Vista requests that applicants voluntarily provide the following information. This information will be detached from the application and will be utilized for research purposes only. Your cooperation is essential to the success of this program. All information is confidential.

NAME TITLE OF POSITION DATE

ETHNIC ORIGIN - PLEASE CHECK ONLY ONE:

- 1. ____ White: Caucasian, Anglo-Saxon.
- 2. ____ Black: African, Jamaican, Trinidadian, West Indian.
- 3. ____ Hispanic: Mexican, Chicano, Latin American, Puerto Rican, Cuban and persons from Central or South America or other Spanish cultures.
- 4. ____ Asian: Chinese, Japanese, Korean, Pacific Islander, Thai, and Polynesian.
- 5. ____ American Indian: Aleut, Eskimo and persons who identify themselves or are known as such by virtue of tribal association.
- 6. ____ Filipino.
- 7. ____ Other (Please specify): _____

AGE _____ MALE _____ FEMALE _____

How did you first learn of this employment opportunity?

- Newspapers and Listings: North County Times Vista Sun L.A. Times San Diego Union Tribune
 Jobs Available Western City Other _____
- Media: Radio Television Which Station? _____
- Other: Friend City Employee Interest Card Job Line
 Saw Announcement Posted Where Posted? _____
- Referral by: Education Institution Community-Based Agency Which Agency? _____

If you first learned of this opportunity in another way, please explain: _____

