



APPLICATION FOR EMPLOYMENT
CITY OF MODESTO
 AN EQUAL OPPORTUNITY EMPLOYER

The City of Modesto is committed to the principles of equal opportunity and nondiscrimination in all employment practices. This means that applicants and employees are considered only on the basis of their qualifications and potential regardless of race, color, ancestry, religion, sex, national origin, marital status, age, mental or physical disability, or perceived disability, medical condition, pregnancy-related condition, sexual orientation, or political affiliation or belief. For more information, contact the Personnel Department.

INSTRUCTIONS (READ CAREFULLY)

1. An application will be rejected if all the requirements listed in the job announcement are not met by the final filing date. It is the applicant's responsibility to ensure that the application is complete and on file in the Personnel Department by the final filing date. Postmarks are not accepted. **Late applications will be rejected.** Fill in all of the required information. The information is requested to evaluate the qualifications and work history of the applicant and to enable the City of Modesto to contact the applicant.
2. **Resumes may be attached, but may not be substituted for completion of this application.**
3. **Please complete the Equal Opportunity Questionnaire below.**
4. **Please print or type the requested information.**
5. **Return the completed application and any required supplements to:**

CITY OF MODESTO PERSONNEL DEPARTMENT
 1010 Tenth Street, 2nd Floor, Suite 2200
 P.O. BOX 642, MODESTO, CA 95353 • (209) 577-5402

<p>NAME _____ (LAST) (FIRST) (MIDDLE)</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>MAILING ADDRESS _____ _____ _____ (CITY) (STATE) (ZIP CODE)</p> <p>HOME PHONE _____ OFFICE PHONE _____ CELL/MESSAGE PHONE _____</p> <p>EMAIL ADDRESS _____</p>	<p>POSITION APPLIED FOR: _____</p> <hr/> <p>CHECK EACH TYPE OF WORK YOU WILL ACCEPT: Full-Time? Temporary? Night? Weekend? Part-time?</p> <p>ARE YOU AT LEAST 18 YEARS OF AGE? YES? NO?</p> <p>MAY WE CONTACT YOUR CURRENT EMPLOYER? YES? NO?</p> <p>MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES? NO?</p>
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DO YOU POSSESS ANY OF THE FOLLOWING LICENSES/CERTIFICATES, IF NEEDED FOR SPECIFIC JOB?

VALID DRIVER'S LIC. # _____ CLASS _____ EXPIRES (mo./yr.) _____ STATE ISSUED _____

IS YOUR LICENSE RESTRICTED? YES? NO? INDICATE RESTRICTION _____

SPECIALTY LIC./CERT.# _____ TITLE OF SPECIALTY _____ ISSUING AGENCY _____

NAME OF TRADE OR PROFESSION _____

THIS SECTION MUST BE COMPLETED BY POLICE OFFICER/TRAINEE AND COMMUNITY SERVICE OFFICER APPLICANTS. ARE YOU AT LEAST 21 YEARS OF AGE? YES? NO?

THIS INFORMATION IS REQUIRED OF CLERICAL APPLICANTS ONLY:
 ? Computer Keyboard WPM _____

Have you ever been convicted, as an adult, of a crime other than a minor traffic violation? YES? NO?
 HAVE YOU EVER BEEN CONVICTED, SERVED A JAIL OR PRISON SENTENCE OR BEEN PLACED ON PROBATION BECAUSE OF COMMITTING A FELONY OR MISDEMEANOR? YES? NO?

If yes, give details below or on a separate sheet of paper. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. **Do not include:**
 a) any arrest or detention that did not result in conviction, or b) convictions more than two years old for violations of Health and Safety Code Sections 1357 (b) or (c) 11360 (b), 11364, 11365 and 11550 as related to marijuana.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

QUALIFIED: YES? NO?

COMMENTS _____

DO YOU SPEAK, READ OR WRITE ANY LANGUAGES OTHER THAN ENGLISH? SPEAK _____ READ _____ WRITE _____

LANGUAGE _____

CITY OF MODESTO PERSONNEL DEPARTMENT – EQUAL OPPORTUNITY QUESTIONNAIRE

State law grants us permission to gather information on the background of persons applying for City employment. The City is in compliance with the Americans With Disabilities Act & Section 504 of the Rehabilitation Act. Please complete this form and submit it with your application. The form will be detached from your application. IT WILL BE KEPT SEPARATE AND CONFIDENTIAL. We are gathering this information to evaluate the effectiveness of recruitment outreach efforts. It will be used strictly for statistical and analytical purposes, and we are requesting this information on a voluntary basis.

CATEGORY: I consider myself to be a member of the following group(s): (select one or more)

- _____ AMERICAN INDIAN/ALASKA NATIVE ONLY
- _____ ASIAN ONLY
- _____ BLACK OR AFRICAN - AMERICAN ONLY
- _____ HISPANIC ONLY
- _____ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ONLY
- _____ WHITE ONLY
- _____ SOME OTHER RACE ONLY
- _____ TWO OR MORE RACES

DISABLED: (as defined by the Americans With Disabilities Act & Section 504 of the Rehabilitation Act). Qualified individuals with a disability will receive reasonable accommodation during any phase of the selection process, providing the request is made by calling the Personnel Department (209) 577-5402 by the final filing date.

SEX: MALE _____ FEMALE _____

I FIRST LEARNED OF THIS JOB OPPORTUNITY THROUGH: (check one)

- _____ Friend or relative _____
- _____ Organization or group (please specify) _____
- _____ City of Modesto Personnel Department (specify) _____
- _____ Another city or county department (specify) _____
- _____ Newspaper advertisement (name of newspaper) _____
- _____ Magazine or periodical advertisement (specify) _____
- _____ Internet (specify name of website) _____
- _____ City of Modesto Job Line _____
- _____ Other means (please specify) _____

If you have a High School Diploma or a GED Certificate, put an "X" in this box ?

CIRCLE HIGHEST SCHOOL GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 or more

NAME AND LOCATION OF COLLEGE OR UNIVERSITIES ATTENDED: (Also include vocational, business, trade or correspondence schools)	MAJOR/MINOR	UNITS COMPLETED		IDENTIFY DEGREE OR CERTIFICATE RECEIVED
		Semester Units	Quarter Units	

SHOW YOUR MOST RECENT JOB FIRST. LIST ALL JOBS IN ORDER, WORKING DOWN FROM THE MOST RECENT. USE A SEPARATE BLOCK FOR EACH JOB HELD EVEN THOUGH WITH THE SAME EMPLOYER. USE ADDITIONAL SHEETS IF NECESSARY. **YOUR APPLICATION WILL BE REJECTED IF YOU WRITE "SEE RESUME."** RESUMES MAY BE ADDED, BUT MAY NOT BE SUBSTITUTED FOR THIS SECTION.

FROM:	Mo. Yr.	Full Time ?	Employer's Name _____
		Part Time ?	
TO:	Mo. Yr.	Hrs. Per Week	Address _____
		Final Salary	Position Title _____

Duties: _____

Number of Employees Supervised _____ **Reason for Leaving** _____

FROM:	Mo. Yr.	Full Time ?	Employer's Name _____
		Part Time ?	
TO:	Mo. Yr.	Hrs. Per Week	Address _____
		Final Salary	Position Title _____

Duties: _____

Number of Employees Supervised _____ **Reason for Leaving** _____

FROM:	Mo. Yr.	Full Time ?	Employer's Name _____
		Part Time ?	
TO:	Mo. Yr.	Hrs. Per Week	Address _____
		Final Salary	Position Title _____

Duties: _____

Number of Employees Supervised _____ **Reason for Leaving** _____

FROM:	Mo. Yr.	Full Time ?	Employer's Name _____
		Part Time ?	
TO:	Mo. Yr.	Hrs. Per Week	Address _____
		Final Salary	Position Title _____

Duties: _____

Number of Employees Supervised _____ **Reason for Leaving** _____

I CERTIFY that the statements made by me in this application, including statements about my education and experience, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand and agree that any misrepresentation, fraud, or omission of material facts may be grounds to deny City employment or for disciplinary action including dismissal. I agree to take the loyalty oath or affirmation upon my acceptance of a position with the City of Modesto.

PRINT NAME: _____ POSITION APPLIED FOR: _____
 SIGNATURE: _____ DATE: _____