



EMPLOYMENT APPLICATION

Human Resources
610 Foster City Boulevard
Foster City, CA 94404-2222

(650) 286-3205
(650) 574-3483 (fax)
e-mail: HR@fostercity.org
web: www.fostercity.org

PRINT OR TYPE. THIS APPLICATION IS A PART OF THE SELECTION PROCESS. REFER TO THE JOB ANNOUNCEMENT FOR QUALIFICATIONS AND INCLUDE ALL RELEVANT INFORMATION. USE ADDITIONAL SHEETS IF MORE SPACE IS REQUIRED. THIS APPLICATION MUST BE COMPLETED ON BOTH SIDES FOR EMPLOYMENT CONSIDERATION.

POSITION APPLIED FOR

NAME

Last First Middle

ADDRESS

Number Street

City State Zip Code

TELEPHONE NUMBER

()	()
--------	--------

Home Business or Other

E-MAIL ADDRESS

e.g. user@anysite.com

DRIVER'S LICENSE

Number State

OFFICE USE ONLY

Date Rec'd _____

Reject _____

Accept _____

Notification _____

WT _____

OB _____

INT _____

NS _____

Other: _____

AGE:

If applying for a sworn position in law enforcement or the fire service, indicate date of birth:

____/____/____
Yr. Mo. Day

Are you over 18 years of age? YES NO

Are you under 70 years of age? YES NO

(Employment is subject to verification that you meet any legal age requirements for the job applied for)

CONVICTIONS:

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

YES NO

If "yes," please explain fully on a separate sheet. Each case is considered individually. A conviction will not necessarily preclude you from employment; however, failure to disclose felony or misdemeanor convictions can disqualify you from employment and/or result in rejection from probation. All City employees are finger printed and arrest records verified with the State of California Department of Justice.

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?

YES NO

If "yes," please explain fully on a separate sheet.

EDUCATION and TRAINING

Circle highest year completed: 8 9 10 11 12 Some College AA/AS BA/BS Masters+ Did you graduate from High School? Y / N

Receive a GED? Y / N High School Attended: _____ Location of HS / GED: _____

LIST YOUR EDUCATION / TRAINING RELATED TO THE POSITION, INCLUDING COLLEGES, TECHNICAL, MILITARY SCHOOLS, ETC.

School Name & Location (city and state)	Degree / Certificate	Major

LIST SPECIAL SKILLS AND CURRENTLY VALID LICENSES, CERTIFICATES OR REGISTRATIONS RELEVANT TO THIS POSITION:

QUALIFYING EXPERIENCE

List experience which relates to the qualification as required on the Job Announcement. **Begin with your most recent experience.** List all jobs separately. Failure to list the related experience required will be considered an incomplete application and subject to rejection. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

NOTE: Qualifying experience is based on 40 hours per week (pro-rated if less than 40 hours per week.)

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE:

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE:

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE:

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE:

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE:

ADDITIONAL EXPERIENCE (volunteer, internship, etc.): _____

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Foster City. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination by a City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath of office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.

SIGNATURE: _____ **DATE:** _____
(SIGNATURE REQUIRED FOR APPLICATION TO BE COMPLETE)