



CITY OF SAN MARINO APPLICATION FOR EMPLOYMENT

2200 Huntington Drive
San Marino, CA 91108
626-300-0700

An Equal Opportunity Employer

INSTRUCTIONS

This application is the initial part of the examination process. Read the Employment Opportunity Announcement thoroughly and note the job requirements. Incomplete or illegible applications may be disqualified. Fill out this application completely. Clearly state your qualifications. If a question does not apply to you, write N/A. A separate application is required for each position in the City. Use the exact title of the position for which you are applying. Documents submitted with this application will not be returned. Avoid any reference to religion, politics, race, sex or other non-job related traits. A completed application with an original signature is required. A resume may also be submitted, but not in lieu of a completed application. (Notify us promptly if you have a change of address, phone number or employer.)

PERSONAL INFORMATION

Full Name:

Position Applying For:

_____			_____
Last	First	Middle	
Present Address: _____			Home Phone: _____
Street			Cell Phone: _____
_____	_____	_____	Work Phone: _____
City	State	Zip Code	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Email: _____

BACKGROUND INFORMATION

1. Can you, after employment, submit verification of your legal right to work in the United States? Yes No
2. Have you ever been discharged or forced to resign from any position? (If yes, please explain under remarks.) Yes No
3. Are you able to perform all essential functions of the position with or without reasonable accommodation? If necessary describe or demonstrate how, with or without reasonable accommodation, you will be able to perform those job related functions. _____ Yes No
4. Have you ever been employed with the City of San Marino before? If yes, when? _____ Yes No
5. Are you related to anyone who works for the City of San Marino? If yes, name _____ Yes No
6. Are you currently or were you previously an active member of CalPERS? Yes Not Sure No
7. May we contact your present employer? Yes No
8. May we contact your previous employers? Yes No

Remarks: _____

EDUCATION AND TRAINING

Highest Grade Completed: _____ Name of High School: _____ Graduate? Yes No
Location (City & State): _____ G.E.D.? Yes No
Colleges or Universities Major Emphasis Degree or Certificate

Business, Trade, or Correspondence School	Major Emphasis	Degree or Certificate
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Other special training, certificates or skills (languages, office equipment, machine operation, etc.):

EMPLOYMENT HISTORY

List all jobs you have held in the past ten years, including U.S. Military Service, beginning with your present or most recent job. Use additional sheets if required. A resume may be attached, but not substituted for this section.

Name of Employer: _____ Phone Number: _____

Mailing Address: _____ City, State, Zip: _____

Supervisor's Name: _____ Supervisor's Title: _____

May we contact this employer? Yes No

Dates of Employment: From _____ To _____ Hours per Week _____ Duration _____ Years _____ Months

Official Job Title: _____ Reason for Leaving: _____

Description of primary duties: _____

Name of Employer: _____ Phone Number: _____

Mailing Address: _____ City, State, Zip: _____

Supervisor's Name: _____ Supervisor's Title: _____

May we contact this employer? Yes No

Dates of Employment: From _____ To _____ Hours per Week _____ Duration _____ Years _____ Months

Official Job Title: _____ Reason for Leaving: _____

Description of primary duties: _____

Name of Employer: _____ Phone Number: _____
Mailing Address: _____ City, State, Zip: _____
Supervisor's Name: _____ Supervisor's Title: _____
May we contact this employer? Yes No
Dates of Employment: From _____ To _____ Hours per Week _____ Duration _____ Years _____ Months
Official Job Title: _____ Reason for Leaving: _____
Description of primary duties: _____

Name of Employer: _____ Phone Number: _____
Mailing Address: _____ City, State, Zip: _____
Supervisor's Name: _____ Supervisor's Title: _____
May we contact this employer? Yes No
Dates of Employment: From _____ To _____ Hours per Week _____ Duration _____ Years _____ Months
Official Job Title: _____ Reason for Leaving: _____
Description of primary duties: _____

Name of Employer: _____ Phone Number: _____
Mailing Address: _____ City, State, Zip: _____
Supervisor's Name: _____ Supervisor's Title: _____
May we contact this employer? Yes No
Dates of Employment: From _____ To _____ Hours per Week _____ Duration _____ Years _____ Months
Official Job Title: _____ Reason for Leaving: _____
Description of primary duties: _____

PERSONAL REFERENCES

(Do not include supervisors or relatives)

Name	Address	Occupation
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application, removal from an eligible list or dismissal from city employment. I understand that I must pass a job-related physical examination, an alcohol or drug screen, background investigation, and/or DMV check. I understand that the results of any of the foregoing may be grounds for disqualification. I further understand that laws related to this application may be subject to change. Applications will not be accepted without a signature.

Signature

Date