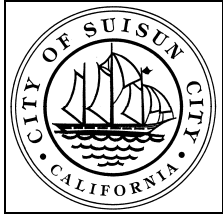


EMPLOYMENT APPLICATION



CITY OF SUISUN CITY

701 CIVIC CENTER BLVD.
SUISUN CITY, CA 94585
TELEPHONE: (707) 421-7300

Equal Opportunity Employer

FOR HUMAN RESOURCES USE ONLY

DATE RECEIVED _____

- Accepted Pending Not Accepted
 Reason 1. Education 3. Late Filing
 2. Experience 4. Other Reason

Applicants are considered without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non job-related mental or physical disability.

PLEASE NOTE: **Type or print** information onto this form. **Use black ink.** A separate application is required for each examination. All applications must be filed in the Administration office. If applications are mailed they must be postmarked by the final date for filing.

1. POSITION YOU ARE APPLYING FOR: _____

2. NAME: _____

3. ADDRESS: _____ CITY/ZIP: _____

4. BUSINESS PHONE (____) _____ (Ext)____ HOME PHONE _____ MESSAGE PHONE _____

5. SOCIAL SECURITY NO. _____ EMAIL: _____

6. Are you claiming Veteran's Preference? Yes No
If yes, please attach a DD Form 214 (See job announcement for Policy regarding Veterans' Preference)

7. WILL YOU ACCEPT TEMPORARY WORK? Yes No
WILL YOU ACCEPT PART-TIME WORK? Yes No
WILL YOU ACCEPT SHIFT, EVENING OR WEEKEND WORK, IF REQUIRED? Yes No

8. Have you ever been convicted of a felony or misdemeanor or been on parole or probation? Yes No
List all convictions since your 18th birthday. On an attached sheet list: offense, date and place of conviction, sentence, and date of release from custody and/or from probation/parole. A YES answer to this question is not an automatic bar to employment. Each case is considered individually.

9. Have you received any vehicle citations for moving violations within the last 5 years? Yes No
A YES answer to this question is not an automatic bar to employment. Each case is considered individually. If YES, please explain fully. Attach a separate sheet if this space is not adequate. _____

10. Do you possess a California Driver's License? Yes No
Driver's License Number: _____ Expiration Date: _____ Class: _____

11. Title and number of license, certificate or other credential, if required for this examination:

Title	Number	Issued by	Expiration Date
_____	_____	_____	_____

12. EDUCATION: Check appropriate box if you possess one of the following:
 High School Diploma G.E.D. Certificate California High School Proficiency Certificate
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate Work _____ Years _____

Name and address of College, University, Vocational School or Institution	Course of Study of Major	Attendance Dates		Degrees, Certificates, Units, Hours if Applicable
		FROM	TO	

CITY OF SUISUN CITY
AFFIRMATIVE ACTION QUESTIONNAIRE

City of Suisun City asks all applicants for employment to complete this section in order to comply with United States Government Equal Employment Opportunity Requirements. Data collected will be used for statistical purposes only.

This information which you provide voluntarily will be detached from your application and will be kept separate and confidential.

Position you are applying for: _____
 Social Security No.: _____ Birth Date: _____

Please answer all questions by placing an "X" in the appropriate box:

A. Sex 1. Male 2. Female

B. Race/Ethnic Identification (Please check one only):
 1. White (not of Hispanic origin) 4. Asian or Pacific Islanders
 2. Black (not of Hispanic origin) 5. Filipino
 3. Hispanic 6. Native American

C. Do you believe you are a disabled person as defined by the Rehabilitation Act of 1973? Yes No If yes, please explain: _____

EMPLOYMENT HISTORY

1. Give complete information for jobs held during the past 10 years.
2. Show your **Present** or **Most Recent** job first.
3. Verifiable voluntary experience may be considered if job-related.

4. Attach additional sheets if more space is needed.
5. If you were employed under another name, please indicate in "REASON FOR LEAVING" section.

RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

NAME AND ADDRESS OF EMPLOYER					
DATES EMPLOYED			JOB TITLE AND DESCRIPTION OF DUTIES		
MONTH	YEAR	MONTH	YEAR		
FROM	/	To	/		
TOTAL MONTHS		HOURS PER WEEK			
EARNINGS \$			NAME OF SUPERVISOR		REASON FOR LEAVING
PER <input type="checkbox"/> HR. <input type="checkbox"/> MO. <input type="checkbox"/> YR.					
NAME AND ADDRESS OF EMPLOYER					
DATES EMPLOYED			JOB TITLE AND DESCRIPTION OF DUTIES		
MONTH	YEAR	MONTH	YEAR		
FROM	/	To	/		
TOTAL MONTHS		HOURS PER WEEK			
EARNINGS \$			NAME OF SUPERVISOR		REASON FOR LEAVING
PER <input type="checkbox"/> HR. <input type="checkbox"/> MO. <input type="checkbox"/> YR.					
NAME AND ADDRESS OF EMPLOYER					
DATES EMPLOYED			JOB TITLE AND DESCRIPTION OF DUTIES		
MONTH	YEAR	MONTH	YEAR		
FROM	/	To	/		
TOTAL MONTHS		HOURS PER WEEK			
EARNINGS \$			NAME OF SUPERVISOR		REASON FOR LEAVING
PER <input type="checkbox"/> HR. <input type="checkbox"/> MO. <input type="checkbox"/> YR.					
NAME AND ADDRESS OF EMPLOYER					
DATES EMPLOYED			JOB TITLE AND DESCRIPTION OF DUTIES		
MONTH	YEAR	MONTH	YEAR		
FROM	/	To	/		
TOTAL MONTHS		HOURS PER WEEK			
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MONTH	YEAR	MONTH	YEAR		
FROM	/	To	/		
TOTAL MONTHS		HOURS PER WEEK			
EARNINGS \$			NAME OF SUPERVISOR		REASON FOR LEAVING
PER <input type="checkbox"/> HR. <input type="checkbox"/> MO. <input type="checkbox"/> YR.					

CERTIFICATE OF APPLICANT. (Read carefully before signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatements or omission of material fact on this application will cause forfeiture on my part of all rights of employment with City of Suisun City. I further agree to be finger printed, to submit to a complete medical examination by a City Physician and to furnish such proof of age and citizenship as may be required.

Signature _____ Date _____

NOTE: The City of Suisun City is an Equal Opportunity Employer. In accordance with the Federal Americans with Disabilities Act (ADA) and the California Fair Employment & Housing Act (FEHA), if accommodations are necessary in order to perform the essential functions of the position, or to participate in any portion of the selection process, please contact the City Manager's Office at (707) 421-7300.

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (Check one or more)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. <input type="checkbox"/> City Manager's Office 2. <input type="checkbox"/> Other City Department 3. <input type="checkbox"/> City Employee 4. <input type="checkbox"/> Friend or Relative 5. <input type="checkbox"/> Job Announcement on a Bulletin Board
Where? _____ | <ol style="list-style-type: none"> 6. <input type="checkbox"/> Newspaper or Publication
Which? _____ 7. <input type="checkbox"/> Community Organization
Which? _____ 8. <input type="checkbox"/> Other - Please Specify:
_____ |
|--|---|