

CITY OF MILPITAS EMPLOYMENT APPLICATION


SUBMIT TO:

City of Milpitas
 Human Resources Department
 455 E. Calaveras Blvd.
 Milpitas, CA 95035
 (408) 586-3090
 TDD (408) 262-3081

FOR OFFICE USE ONLY

Date received: _____

 Accepted

 Not Accepted

 Incomplete/Illegible

 Education

 Typing Verification

 Experience

 Late Filing

By: _____

Other: _____

ID _____

PLEASE NOTE:

1. Type or print in ink. Incomplete or illegible applications will **NOT** be considered.
2. Keep Human Resources informed of any change of address; otherwise you may lose your opportunity for employment.
3. Materials submitted with the application will not be returned.

Position: _____ Section: _____

PERSONAL

 Full Name: _____ Soc. Sec. No. _____
 (Last) (First) (Middle)

 Address: _____
 (Street) (City & State) (Zip Code)

Home Phone: _____ Business or Day Phone: _____

Email Address: _____

 Age (if under 18) _____ Valid Driver's License? Yes License # _____ State _____
 No Class A B C M Expiration _____

(A driver license may be required for specific position. Refer to the job announcement or contact the Human Resources Office for details.)

 Are you currently or have you ever been a member of Public Employees Retirement System? Yes No

 I have a relative who is an official or employee of the City of Milpitas _____
 (Name and relationship of relative)

EDUCATION

 Check Highest Year Completed: 7 8 9 10 11 12 13 14 15 16 17 18

 High School: _____ High School Diploma? Yes No
 (Name and Location) GED? Yes No

COLLEGE OR UNIVERSITY

<u>Name and Location</u>	<u>Major</u>	<u>Degree</u>	<u>Date</u>	<u>Units</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Qtr Sem

Qtr Sem

Qtr Sem

 Business or Trade School: _____
 (Name and Location) (Training)

Professional Licenses, Certificates or Registrations: _____

Languages spoken fluently other than English: _____

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

Starting with your present or most recent employer, please account for your work experience during the last ten years (VOLUNTEER EXPERIENCE MAY BE INCLUDED). Please attach any information which is applicable to the job applied for.

RESUMES MAY BE ATTACHED BUT NOT COMPLETING THIS SECTION WILL BE GROUNDS FOR DISQUALIFICATION

From: _____ To: _____
Mo./Yr. Mo./Yr. Job Title or Occupation: _____

Hours Per Week: _____ Employer's name and address: _____

MAY WE CONTACT THIS EMPLOYER? Yes No

Duties and responsibilities: _____

Reason for leaving: _____

From: _____ To: _____
Mo./Yr. Mo./Yr. Job Title or Occupation: _____

Hours Per Week: _____ Employer's name and address: _____

MAY WE CONTACT THIS EMPLOYER? Yes No

Duties and responsibilities: _____

Reason for leaving: _____

From: _____ To: _____
Mo./Yr. Mo./Yr. Job Title or Occupation: _____

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MAY WE CONTACT THIS EMPLOYER? Yes No

Duties and responsibilities: _____

Reason for leaving: _____

THE CITY OF MILPITAS IS AN EQUAL OPPORTUNITY EMPLOYER

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 Milpitas. I authorize investigation of all matters contained in this application. I further agree to be fingerprinted, submit to a complete medical examination by a City physician, to sign an oath of office, and to furnish such proof of age, education, and citizenship or legal right to work in this country as may be required as a condition of employment.

(Signature)

(Date)

APPLICANT INFORMATION - THIS SECTION IS VOLUNTARY

The information below will be used only for statistical purposes and will not be used to evaluate your qualifications.

Position: _____

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	DO YOU CONSIDER YOURSELF A DISABLED PERSON (as defined by the Americans With Disabilities Act) ? <input type="checkbox"/> No <input type="checkbox"/> Yes If you require accommodations during the examination process, please contact Human Resources at (408) 586-3090.
AGE <input type="checkbox"/> Over (40)	<input type="checkbox"/> Black/African American <input type="checkbox"/> American Ind. / Alaskan Native <input type="checkbox"/> Other	

How did you learn about this position?

- 1. Newspaper. Which one? _____
- 4. Posting at City Facilities
- 2. Other publication. Which one? _____
- 5. Job Hot Line
- 3. Other job posting. Where? _____
- 6. Other _____