



City of San Marino

Personnel Office, 2200 Huntington Drive, San Marino, CA 91108 – (626)300-0700
Employment Application – An Equal Opportunity Employer

Answer all questions completely

Instructions: Please Read Carefully

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 is **required**. A resume may **also** be submitted. (Notify us promptly if you have a change of address, phone or employer.)

Position Desired:		SSN:
Name: (Last, First)		Driver's License:
Home Address:		City & Zip:
Home Phone:	Work Phone:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Information

Are you a US Citizen? Yes No If not, can you provide documentation showing that you are authorized to work in the US? Yes No

May we contact your present employer? Yes No **May we contact your previous employers?** Yes No

Have you ever been discharged or forced to resign from any position? Yes No (If Yes – Explain under Remarks)

Are you related to any employee of the City of San Marino? Yes No (If Yes – Explain under Remarks)

Have you ever been convicted of a crime punishable as a felony? Yes No (If Yes – Explain under Remarks)

Conviction is not an automatic bar to employment; each case is considered on its own merits. A conviction includes a plea of guilty or nolo contendere (no contest) or a finding of guilty by a judge, commissioner or jury.

Education and Training

Highest Grade Completed: _____ **Name of 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

Other Special Training or Skills (language, office equipment, machine operation, etc.):

Remarks (attach additional sheet if necessary):

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 in addition to but not as a replacement for this section.

Dates of Employment:	From	To	Hrs per Wk: ____	Duration: ____yrs. ____month
Official Job Title:				
Description of primary duties:				
Name of employer:			Phone Number:	
Mailing Address:			City, State, Zip:	
Supervisor's Name:			Supervisor's Job Title:	
Final Monthly Salary:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:				

Dates of Employment:	From	To	Hrs per Wk: ____	Duration: ____yrs. ____month
Official Job Title:				
Description of primary duties:				
Name of employer:			Phone Number:	
Mailing Address:			City, State, Zip:	
Supervisor's Name:			Supervisor's Job Title:	
Final Monthly Salary:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:				

Dates of Employment:	From	To	Hrs per Wk: ____	Duration: ____yrs. ____month
Official Job Title:				
Description of primary duties:				
Name of employer:			Phone Number:	
Mailing Address:			City, State, Zip:	
Supervisor's Name:			Supervisor's Job Title:	
Final Monthly Salary:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:				

Employment History Continued

Dates of Employment: From	To	Hrs per Wk: _____	Duration: _____ yrs. _____ month
Official Job Title:			
Description of primary duties:			
Name of employer:		Phone Number:	
Mailing Address:		City, State, Zip:	
Supervisor's Name:		Supervisor's Job Title:	
Final Monthly Salary:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:			

Dates of Employment: From	To	Hrs per Wk: _____	Duration: _____ yrs. _____ month
Official Job Title:			
Description of primary duties:			
Name of employer:		Phone Number:	
Mailing Address:		City, State, Zip:	
Supervisor's Name:		Supervisor's Job Title:	
Final Monthly Salary:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:			

Personal References

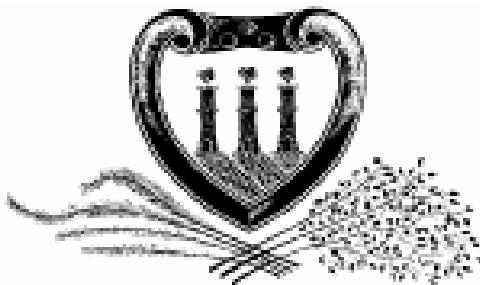
(Do not include supervisors or relatives)

Name	Address & Phone	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.

Signature

Date



City of San Marino

CITY OF SAN MARINO

2200 HUNTINGTON DRIVE

SAN MARINO, CA 91108

(626) 300-0700

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize the Personnel Office or authorized representative of the San Marino Personnel Office bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, credit or educational records including, but not limited to, academic, achievements, attendance, personal history, performance evaluations, background investigations, and disciplinary records.

I also hereby authorize said person(s) to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the San Marino Personnel Office. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the San Marino Personnel Office.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and hereby acknowledge that I have made a copy of it.

DATE: _____

FULL NAME: _____
Signature

FULL NAME: _____
Print Name

CURRENT ADDRESS: _____

TELEPHONE NO.: DAY _____ EVENING _____



City of San Marino

EEO Application Identification

To assist the City of San Marino in gathering the statistical information required to demonstrate its compliance with equal employment opportunity laws, we ask that you voluntarily complete this portion of the application. The Information you supply, or your failure to supply this information, will in no way impact a decision regarding your employment. This portion will be detached from your application and filed separately.

I. Please Check Below the Race/Ethnic Group to which you belong:

- Caucasian* (not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- African American* - A person having originals in any of the Black racial groups of Africa.
- Hispanic* - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander* - A person having origins in any of the original peoples of the Far East, Southeast Asia, The Indian subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native* - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Female

Male

II. If you do not wish to complete Section I, please sign below:

Name

Date

For City Use Only:

Position

Date