

# CITY OF SOUTH SAN FRANCISCO

HUMAN RESOURCES DEPARTMENT  
 P.O. BOX 711 – 400 GRAND AVENUE  
 SOUTH SAN FRANCISCO, CA 94083  
 (650) 877-8522  
 www.ssf.net



QUALIFIED			
By: _____			
DISQUALIFIED			
By: _____			
<b>EDUC</b>	<b>EXPR</b>	<b>LATE</b>	<b>OTHER</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please complete both sides using ink or type-writer. Answer all questions completely. Omissions on your part may result in delay or disqualification.**

## EMPLOYMENT APPLICATION FOR \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING

PERSONAL INFORMATION			
NAME (Last, First, Middle)		OTHER NAMES USED (if any)	
ADDRESS  (Number, Street and Apartment No.)  (City, State and Zip Code)		CAL. DRIVER'S LICENSE NO.    VALID? YES    NO	
HOME TELEPHONE NUMBER    WORK TELEPHONE NUMBER		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
E-MAIL ADDRESS (optional)		POLICE OFFICER APPLICANTS ONLY United States Citizen or have applied for U.S. Citizenship by the time of application?    YES    NO <input type="checkbox"/> <input type="checkbox"/>	
		21 yrs. of age by the date of the first examination?    YES    NO <input type="checkbox"/> <input type="checkbox"/>	
		If hired, can you show verification of your legal right to work in the United States of America?    YES    NO <input type="checkbox"/> <input type="checkbox"/>	
If you meet the minimum qualifications and progress through the recruitment process, you will be asked to provide information regarding whether you have ever been convicted by any court of an offense. All employment offers are conditional based on passing background checks that include a fingerprint based criminal history record check.			
1. Have you ever been enrolled in CalPERS or another public retirement system? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Please list every public retirement system you have been enrolled in. _____			
Do you wish to claim Veteran's Preference, if applicable? (If yes, attach Form DD2-14.)    YES    NO <input type="checkbox"/> <input type="checkbox"/>		If yes, BRANCH    ACTIVE DUTY FROM    TO:	
Do you have any relatives serving on Council, Boards, Commissions or otherwise employed by the City of South San Francisco?    YES    NO <input type="checkbox"/> <input type="checkbox"/>		If yes, NAME    POSITION    RELATIONSHIP	
Describe fully any <u>job-related</u> skills, knowledge, special training, certificates, licensing, machines or equipment you can operate or possess as they support your application for this position. _____ _____			

EDUCATION AND TRAINING																		
HIGHEST GRADE COMPLETED						NAME AND LOCATION OF HIGH SCHOOL				DID YOU GRADUATE?								
High School		College			Graduate							YES    NO    GED						
1	2	3	4	1	2	3	4	1	2	3	4					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL						DATES		GRADUATE		If yes, DEGREE RECEIVED		If No, UNITS SEM./QTR.		MAJOR OR MAJOR SUBJECTS				
						FROM:    TO:		YES    NO										
								<input type="checkbox"/> <input type="checkbox"/>										
								<input type="checkbox"/> <input type="checkbox"/>										
								<input type="checkbox"/> <input type="checkbox"/>										

(To Be Detached)

In order to comply with federal guidelines, we request that you voluntarily provide the following information to be used for research and evaluation purposes. This information will be separated from your application upon receipt by the Human Resources Department.

NAME	POSITION FOR WHICH YOU ARE APPLYING	DATE
		<input type="checkbox"/> Male <input type="checkbox"/> Female

Please CHECK ONE BOX ONLY for the racial/ethnic category with which you most closely identify according to the ethnic definitions listed below.

- AMERICAN INDIAN OR ALASKAN NATIVE    A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ASIAN    A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN    A person having origins in any of the Black racial groups of Africa.
- HISPANIC OR LATINO    A person having origins in any of the original peoples of Cuba, Mexico, Puerto Rico, South or Central America or of Spanish ancestry or origin.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER    A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE    A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**THIS SECTION MUST BE FILLED OUT (additionally, you may attach a resume or other relevant documents to further describe your qualifications.)**

**Begin with your present or most recent employment.  
List both paid and volunteer work.**

**EXPERIENCE**

DATES EMPLOYED <b>FROM:</b>		<b>TO:</b>	EMPLOYER	ADDRESS
HOURS WEEKLY	[REDACTED]		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR			DUTIES	
EMPLOYER'S TELEPHONE NUMBER				
DATES EMPLOYED <b>FROM:</b>		<b>TO:</b>	EMPLOYER	ADDRESS
HOURS WEEKLY	[REDACTED]		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR			DUTIES	
EMPLOYER'S TELEPHONE NUMBER				
DATES EMPLOYED <b>FROM:</b>		<b>TO:</b>	EMPLOYER	ADDRESS
HOURS WEEKLY	[REDACTED]		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR			DUTIES	
EMPLOYER'S TELEPHONE NUMBER				
DATES EMPLOYED <b>FROM:</b>		<b>TO:</b>	EMPLOYER	ADDRESS
HOURS WEEKLY	[REDACTED]		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR			DUTIES	
EMPLOYER'S TELEPHONE NUMBER				

I certify that, to the best of my knowledge, all statements in this application are complete and true. I agree and understand that any misrepresentations, falsifications or material omission of information contained in this application will cause me to forfeit all rights to employment with the City of South San Francisco. I authorize the City to contact my previous employers for information regarding my previous employment and further authorize any previous employers to furnish information regarding my employment to the City.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_