

EMPLOYMENT APPLICATION

Recruitment Number _____

 <p style="text-align: center;">City of Sunnyvale Department of Human Resources 505 West Olive Avenue Suite #200 Sunnyvale, CA 94086 (408) 730-7490 / TDD (408) 730-7501 <i>An Equal Opportunity Employer</i></p>	Position Applying For:		
	Former Last Name:		
	Are you a current regular City of Sunnyvale employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last Name	First Name	Middle Initial	Are you currently enrolled in CalPERS or receiving retirement benefits from CalPERS? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			Telephone Number (primary)
City, State, ZIP			Telephone Number (alternate)
E-mail Address			Notification Preference: How would you prefer to be notified about application status, testing dates and examination results? E-Mail <input type="checkbox"/> Paper <input type="checkbox"/>

Preferences	
What is your minimum compensation requirement? \$ _____ per year \$ _____ per hour	Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> No Response <input type="checkbox"/> Enter any comments regarding relocation:
What type of job are you looking for? Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship <input type="checkbox"/>	
What types of work will you accept? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/>	
What shifts are you available to work? Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed) <input type="checkbox"/>	
Objective: State your objective	

READ THESE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

- Complete this application in its entirety. Incomplete applications will not be accepted.
- Important to sign and date application or application will be considered incomplete.
- Resumes may be attached, **but they will not be accepted in lieu of any information requested.** Your qualifications for this position will be evaluated strictly against the information you provide on this application **and any supplemental questionnaire that may be required.**
- **Begin with your present or most recent position.** Include all paid and unpaid experience which you think qualifies you for this position. All job-related experience should be stated. Use additional sheets, if necessary.
- Veterans must attach to this application proof of honorable discharge or of service-related disability in order to receive preference credits. Veterans preference credits are available only for entry-level positions and only for candidates who qualify for the eligible list.
- Faxed applications will not be accepted.
- **It is the applicant's responsibility to notify Human Resources of changes in contact information.** Otherwise, you may miss your opportunity for employment.

RECORD OF EDUCATION

What is your highest level of education?

Some High School High School Some College Technical College
 Associate's Degree Bachelor's Degree Master's Degree Doctorate

Type of School: High School <input type="checkbox"/>	Name of School:	City, State, Country:	Start Month/Year, End Month/Year:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, select the highest level completed? 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input type="checkbox"/>	Did you receive a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Received: Diploma <input type="checkbox"/> GED <input type="checkbox"/> No Degree <input type="checkbox"/> Other <input type="checkbox"/>
Type of School: College <input type="checkbox"/> Graduate School <input type="checkbox"/> Professional <input type="checkbox"/>	Name of School:	City, State, Country:	Start Month/Year, End Month/Year:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major / Minor:	Units Completed: Semester <input type="checkbox"/> Quarter <input type="checkbox"/>	Degree Received: Vocational <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> No Degree <input type="checkbox"/> Other <input type="checkbox"/>
Type of School: College <input type="checkbox"/> Graduate School <input type="checkbox"/> Professional <input type="checkbox"/>	Name of School:	City, State, Country:	Start Month/Year, End Month/Year:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major / Minor:	Units Completed: Semester <input type="checkbox"/> Quarter <input type="checkbox"/>	Degree Received: Vocational <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> No Degree <input type="checkbox"/> Other <input type="checkbox"/>
Type of School: College <input type="checkbox"/> Graduate School <input type="checkbox"/> Professional <input type="checkbox"/>	Name of School:	City, State, Country:	Start Month/Year, End Month/Year:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major / Minor:	Units Completed: Semester <input type="checkbox"/> Quarter <input type="checkbox"/>	Degree Received: Vocational <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> No Degree <input type="checkbox"/> Other <input type="checkbox"/>

Certificates and Licenses, Type, Issued Month/Year, Expiration Month/Year, Number, Issued By:

Office Skills: Typing WPM, Data Entry KPH, Languages Other Than English, Skill Name, Level (Beginner/Skilled/Expert), Years of Experience:

Additional Information: Honors & Awards, Interests & Activities, Military Service, Miscellaneous, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, etc:

Do you possess a valid Driver License? Yes No

Driver License State: _____ Driver License Number: _____ Driver License Class: _____

Endorsements or Restrictions (other than eyeglasses), if yes please list: _____

Begin with your present or most recent position. Include all paid and unpaid experience which you think qualifies you for this position. All job-related experience should be stated. Use additional sheets, if necessary.

WORK HISTORY			
Start Month / Year, End Month / Year	Position Title:	Hours Worked Per Week:	Monthly Salary:
Company / Agency Name:	Address, City, State, Zip Code:		
Web Site:	Name/Title of supervisor: May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Number:	
Reason for leaving or wanting to leave:		Number of Employees Supervised:	
Duties Summary:			

Start Month / Year, End Month / Year:	Position Title:	Hours Worked Per Week:	Monthly Salary:
Company / Agency Name:	Address, City, State, Zip Code:		
Web Site:	Name/Title of your immediate supervisor: May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Number:	
Reason for leaving:		Number of Employees Supervised:	
Duties Summary:			

Start Month / Year, End Month / Year:	Position Title:	Hours Worked Per Week:	Monthly Salary:
Company / Agency Name:	Address, City, State, Zip Code:		
Web Site:	Name/Title of your immediate supervisor:		Phone Number:
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving:	Number of Employees Supervised:		
Duties Summary:			

Start Month / Year, End Month / Year	Position Title:	Hours Worked Per Week:	Monthly Salary:
Company / Agency Name:	Address, City, State, Zip Code:		
Web Site:	Name/Title of your immediate supervisor:		Phone Number:
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving:	Number of Employees Supervised:		
Duties Summary:			

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

I CERTIFY THAT ALL STATEMENTS I HAVE MADE ON THIS APPLICATION, AND ON OTHER SUPPLEMENTAL MATERIALS SUBMITTED WITH THIS APPLICATION, ARE TRUE AND CORRECT. I HEREBY AUTHORIZE THE CITY OF SUNNYVALE TO INVESTIGATE THE ACCURACY OF THIS INFORMATION FROM ANY PERSON OR ORGANIZATION, AND I RELEASE THE CITY OF SUNNYVALE AND ALL PERSONS AND ORGANIZATIONS FROM ALL CLAIMS AND LIABILITIES ARISING FROM SUCH INVESTIGATIONS OR THE SUPPLYING OF INFORMATION FOR SUCH INVESTIGATIONS. I ACKNOWLEDGE THAT ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION, OR ON SUPPLEMENTAL MATERIAL SUBMITTED WITH THIS APPLICATION, WILL BE CAUSE FOR REFUSAL TO HIRE OR FOR IMMEDIATE DISMISSAL AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I UNDERSTAND THAT IF I AM A FINALIST FOR THIS POSITION, I WILL BE REQUIRED TO SUBMIT PROOF OF U.S. CITIZENSHIP OR THE LEGAL RIGHT TO WORK IN THE UNITED STATES, AND THAT IF I AM HIRED, I WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG TEST, A MEDICAL EXAM, AND/OR OTHER TESTS AS MANDATED BY FEDERAL, STATE, OR LOCAL LAW, OR BY THE ADMINISTRATIVE POLICY OF THE CITY OF SUNNYVALE. I ALSO UNDERSTAND THAT I MUST NOTIFY THE HUMAN RESOURCES DEPARTMENT OF ANY CHANGES IN MY CONTACT INFORMATION, INCLUDING NAME, ADDRESS, OR PHONE NUMBER.

Signature of Applicant : _____ Date: _____



City of Sunnyvale
Department of Human Resources
505 West Olive Avenue Suite #200
Sunnyvale, CA 94086
(408) 730-7490 / TDD (408) 730-7501
An Equal Opportunity Employer

THE FOLLOWING INFORMATION WILL BE REMOVED FROM THIS APPLICATION PRIOR TO ITS REVIEW

Last Name: _____ First Name: _____ Date: _____
 Position Applied For: _____

HOW DID YOU FIRST HEAR OF THIS POSITION?			
<input type="checkbox"/> Calopps.org	<input type="checkbox"/> City's Web Page	<input type="checkbox"/> Jobs Available Magazine	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Career Center	<input type="checkbox"/> Craigslist.com	<input type="checkbox"/> ListServ	
<input type="checkbox"/> City Employee	<input type="checkbox"/> Indeed.com	<input type="checkbox"/> Personal Contact	
<input type="checkbox"/> City's Facebook Page	<input type="checkbox"/> Job / Career Fair	<input type="checkbox"/> Postcard	
<input type="checkbox"/> City's LinkedIn Page	<input type="checkbox"/> Job Flyer	<input type="checkbox"/> Professional Journal / Website	
		Journal/Site Name: _____	

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her identification on an employment application. This information will be used by the City of Sunnyvale in conducting research and in compiling statistical reports regarding the composition of its job applicants and work force. It is illegal to use this information to discriminate against, or give preference to, a person for hiring or promotion. After this information has been recorded by the Human Resources Department, it will be removed from the application prior to review by hiring departments.

PLACE AN "X" NEXT TO YOUR RACIAL/ETHNIC IDENTITY

A	Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
B	Black (not of Hispanic Origins): All persons having origins in any of the Black racial groups of Africa.
H	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish cultures, regardless of race.
N	Native American or Alaskan Native: All persons having origins in any of the original peoples of North America, or who maintain cultural identification through tribal affiliation.
W	White (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
T	Two or more races: All persons having origins in more than one race / ethnic category.
O	Other

Male Female

The response to the following question is voluntary. No decision in the test process will be made based on your response.

Are you an individual who needs an accommodation in the examination process because of a disability? In compliance with the Americans with Disabilities Act and California Fair Employment and Housing Act, the City of Sunnyvale accepts accommodation requests for consideration from applicants with a disability. If you are an applicant for employment with the City who has a disability and requires reasonable accommodation in the application and examination process, please contact the Recruitment and Classification Division at (408) 730-7490 to discuss your request.

Yes No



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Position Applied For: _____

IF AN ASTERISK (*) FOLLOWS A QUESTION, EXPLAIN ANY "YES" ANSWERS ON A SEPARATE SHEET OF PAPER.	Yes	No
1. Are you a current regular City of Sunnyvale employee?		
2. If you are under the age of 18, can you submit a work permit after an offer of employment has been made? (You do not need to answer this if you are over 18 years of age).		
3. Can you submit verification of your U.S. citizenship or your legal right to work in the USA?		
4. Do you have any relatives employed by the City of Sunnyvale? If yes, list their names and relationships.*		
5. Are you currently a member of the Sunnyvale City Council, or any City Board or Commission?*		
6. Are you related to any current member of the Sunnyvale City Council, or any City Board or Commission? If yes, list their names and relationships.*		
7. In the previous two (2) years, have you held a position that requires testing under the federally mandated (DOT) Department of Transportation Commercial Drivers Drug and Alcohol Testing Program? If yes, list employer and employment dates.*		
8. To qualify for veteran's credits, an applicant must submit at the time of application a copy of an appropriate Department of Defense document (i.e., a DD-214) indicating veteran status at the time of application. To qualify for additional preference credits as a Disabled Veteran, applicants must submit proof of receiving disability compensation from the Federal Government. Do you claim Veterans Service Preference?		
Explain, on a separate sheet of paper, any "yes" answers to questions marked above with an asterisk (*).		