10300 TORRE AVE.
CUPERTINO, CA 95014
(408) 777-3200
WWW.CUPERTINO.ORG

CUPERTINO

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY

POSITION APPLYING FOR

_____
(Enter exact title)

Please Note:
1. **A separate application is required for each position.**
2. **Applications must be typed or printed in blue or black ink. Incomplete or illegible applications will not be considered.**
3. **Keep the Human Resources Division informed of any changes to your contact information**

1. APPLICANT'S NAME

_____
(Last) (First) (Middle)

2. ADDRESS

_____
(Number) (Street) (Apt. No.) (City) (State) (Zip Code)

3. TELEPHONE NUMBERS

( ) ( )

_____
(Primary Phone) (Secondary Phone)

4. EMAIL

_____

5. Are you legally eligible to work in the United States? ☐ Yes ☐ No

6. Are you related to anyone employed by the City of Cupertino? ☐ Yes ☐ No
If yes, provide name and relationship _____

7. Are you an active member (non-retiree) of the California Public Employees Retirement System (CalPERS)? ☐ Yes ☐ No ☐ Don't Know

8. The City is committed to equal employment for all, including those with disabilities. If you require accommodation in any phase of the application or testing process, please indicate the type of assistance you are requesting below or contact the City's Human Resources.

☐ Yes ☐ No _____

9. Have you ever been discharged or forced to resign or rejected during a probationary period from any employment within the last 10 years? If yes, give name of employer, dates of employment, and reasons below. A yes answer is not necessarily a bar to employment. Each case is given individual consideration based upon job relatedness.

☐ Yes ☐ No _____

10. List any licenses, certificates, or registrations required for this job that you personally maintain (e.g., driver's license, treatment plant operator certification, California certificate of registration as Professional Engineer).

Title	Date Issued	Date Expires	Number

11. If applicable to the position you are seeking, indicate other special skills you possess (e.g., typing or shorthand speed; operation of office machines, computers or heavy equipment, facility with hand or power tools.)

_____

12. EDUCATION AND TRAINING:

Circle Highest Grade Completed: 8 9 10 11 12 G.E.D. College: 1 2 3 4 Grad Work? Yes No

Educational Institutions	Dates Attended From	To	Course of Study/Major	Diploma or Degree Awarded?	Units Completed Semester	Quarter	Type Degree	Date Requirements Completed
a) HIGH SCHOOL				☐ Yes ☐ No				
b) COLLEGE / UNIVERSITY				☐ Yes ☐ No				
c)				☐ Yes ☐ No				
d)				☐ Yes ☐ No				
e) OTHER SCHOOLS / TRAINING COMPLETED				Hours Completed		Certificate Awarded		

13. WORK EXPERIENCE:

This section must be completed. Do not write "SEE RESUME." Starting with your most recent experience, list all jobs for the last 10 years and explain any time periods in which you were unemployed. If you have relevant experience and it is more than 10 years old, be sure to document it also. List each change in title or promotion separately. List all paid, volunteer, part-time and internship experience; it will be prorated to a full-time equivalent. Use additional sheets if necessary.

A) FROM: Month/Year | TO: Month/Year | TOTAL: Yrs/Months

Exact title of position

Name and address of employer

Describe your duties:

Name and title of supervisor Phone No. ( )

Reason for Leaving

Number of people supervised: | Hrs/week: | Final salary: /Month /Hr.

B) FROM: Month/Year | TO: Month/Year | TOTAL: Yrs/Months

Exact title of position

Name and address of employer

Describe your duties:

Name and title of supervisor Phone No. ( )

Reason for Leaving

Number of people supervised: | Hrs/week: | Final salary: /Month /Hr.

C) FROM: Month/Year | TO: Month/Year | TOTAL: Yrs/Months

Exact title of position

Name and address of employer

Describe your duties:

Name and title of supervisor Phone No. ( )

Reason for Leaving

Number of people supervised: | Hrs/week: | Final salary: /Month /Hr.

D) FROM: Month/Year | TO: Month/Year | TOTAL: Yrs/Months

Exact title of position

Name and address of employer

Describe your duties:

Name and title of supervisor Phone No. ( )

Reason for Leaving

Number of people supervised: | Hrs/week: | Final salary: /Month /Hr.

14. CERTIFICATIONS

1. I hereby certify that all statements made in this application are true, complete and correct, to the best of my knowledge and belief, and that any misstatements, omissions or falsification of material facts will be grounds for termination or disqualification of employment with the City of Cupertino.
2. I understand that this application is not an offer of employment, and that if I am offered employment it will be contingent upon successful completion of a pre-employment medical evaluation and a fingerprinted criminal history records check.
3. I authorize the release of any information necessary to verify the statements made in this application to the City of Cupertino or its duly authorized employees or agents. The City policy is that we will not contact your present employer unless a job offer is seriously being considered.
4. I understand that employment is contingent upon my providing verification of my identity and legal right to work in the U.S., pursuant to Federal Law, and upon signing a loyalty oath pertaining to State law.

Signature _____ Date _____

Thank you for your interest in employment with the City of Cupertino

EMPLOYMENT QUESTIONNAIRE

APPLICANT: To assist the City in Equal Employment Opportunity reporting, applicants are asked to voluntarily provide the following information. The form will be separated from your application before the screening process, will be kept confidential, and in no way will be used in the selection process.

Position Applied for: _____ Date: _____

Are You? ☐ Male ☐ Female Are you age 40 or over? ☐ Yes ☐ No

Ethnic Background: Check one box. Persons of mixed origins should classify themselves to the ethnic background with which they identify.

☐ White (not of Hispanic origin): all persons in any of the original peoples of Europe, North Africa or the Middle East.

☐ Black (not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.

☐ Hispanic: all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐ 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. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

☐ American Indian or Alaskan Native: all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

A disabled person is anyone who:

1. has a physical or mental impairment which substantially limits one or more major life activities: i.e., walking, seeing, hearing, speaking, working or learning; or
2. has a record of such impairment; or
3. is regarded as having such an impairment.

Are you disabled according to any of the above definitions? ☐ Yes ☐ No

Are you a disabled Veteran? ☐ Yes ☐ No

Are you a Vietnam Era Veteran? ☐ Yes ☐ No

RECRUITMENT SURVEY

I learned of this position through the following sources (check as many boxes as apply):

1. ☐ Newspaper or Journal (please specify) _____
2. ☐ City of Cupertino Job Hotline
3. ☐ City of Cupertino recruitment letter/job announcement
4. ☐ Friend or relative who works at City of Cupertino
5. ☐ City of Cupertino Website
6. ☐ CalOpps.org
7. ☐ Other (please specify) _____