

## **EMPLOYMENT APPLICATION**

AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY

POSITION APPLYING FOR		1. A separate application is required for each position.				
(Enter exact title)		Applications must be typed or printed in blue or black ink. Incomplete				
1. APPLICANT'S NAME		or illegible applications will not be considered.  3. Keep the Human Resources Division				
(Last) (First)	(Middle)	informed of any changes to your contact information				
2. ADDRESS						
(Number) (Street) (Apt. No.)	(City)	(State) (Zip Code)				
3. TELEPHONE NUMBERS	4	. EMAIL				
( )						
(Primary Phone) (Secondary Phone)	5	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  If yes, provide name and relationship	No					
7. Are you an active member (non-retiree) of the California Public Employe	ees Retirement System (	CalPERS)? Yes No Don't Know				
a fine? If so, please give dates and explanation(s) below. Note: You are offenses (Health and Safety Code Sections 11357, 11360, 11364, 1136 necessarily a bar to employment. Each application is given individual c the requirements of the job. Yes No  9. 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.	55, 11550) that are more onsideration based upon	than two years old. A criminal record is not n the relationship between the conviction(s) and				
Yes No	10. 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.					
List any licenses, certificates, or registrations required for this job that certification, California certificate of registration as Professional Engin Title  Date Issued						
12. If applicable to the position you are seeking, indicate other special sk machines, computers or heavy equipment, facility with hand or power		ping or shorthand speed; operation of office				

13. EDUCATION AND Circle Highest Grade			9	10 11 12	2 G.E.[	D. Co	llege: 1	2 3	4 0	Grad Work	? Yes No	
Educational Institution	s	Dat Atter From	ded	Course of Stud	y/Major	Diplor Degree A		Units Cor Semester	npleted Quarter	Type Degree	Date Requirement Completed	
a) HIGH SCHOOL						Yes	No					
b) COLLEGE / UNIVERSITY											<i>X////////////////////////////////////</i>	
c)						☐ Yes	∐ No					
d)						Yes	∐ No					
						Yes	☐ No					
OTHER SCHOOLS / TRAINING COMPLETED					Hours Completed Certificate Awarded							
14. WORK EXPERIEN last 10 years and expl document it also. List time equivalent. Use a	ain any time each chang	period: e in title	s in wh or pro	ich you were unemp motion separately.	ployed. If y	ou have rele	vant experi	ence and it is r	more than 1	0 years old,	be sure to	
A) FROM: Month/Year	TO: Month/Yea	TOTAL: Yrs/Months		E	Exact title of position							
Name and address of employer	lame and address				D	Describe your duties:						
Name and title Phone No. ( )												
of supervisor Reason for Leaving						umber of peoplipervised:	е	Hrs/week:	Final sa	alary: /Month	/Hr.	
B) FROM: Month/Year					E	Exact title of position						
Name and address of employer					D	Describe your duties:						
Name and title of supervisor Reason for Leaving			Phone I	NO. ( )		umber of peopl ipervised:	е	Hrs/week:	Final sa	alary: /Month	/Hr.	
C) FROM:	TO:			TOTAL:	E	act title of pos	ition					
Month/Year Name and address of employer					D	Describe your duties:						
Name and title Phone No. ( ) of supervisor Reason for Leaving					umber of peopl pervised:	е	Hrs/week:	Final sa	alary: /Month	/Hr.		
D) FROM:	TO:	_		TOTAL:	E	act title of pos	ition					
Month/Year Name and address of employer	Month/Year   Yrs/Months			D	Describe your duties:							
			Di									
Name and title Phone No. ( ) of supervisor  Reason for Leaving						umber of peop	е	Hrs/week:	Final sa	alary: /Month	/Hr.	
 15.				CFF		ATIONS		<u>I</u>		/ IVIOITUI	/111.	
I hereby certify that all st omissions or falsification     I understand that this app employment medical eva     I authorize the release of agents. The City policy is     I understand that employ signing a loyalty oath per	of material folication is no luation and a any informa that we will ment is conti	acts will of an off of fingerp tion nec not conf ingent u	l be gro er of er rinted essary tact you	cation are true, com bunds for termination nployment, and that criminal history reco to verify the stateme ir present employer	plete and on or disqual if I am offerds check. ents made in unless a jo	correct, to the ification of element of elements of the control of the correct of	mployment went it will be attion to the (ously being	with the City of e contingent up City of Cuperting considered.	Cupertino. on successfo	ul completion	of a pre-	
	nature	aιο ιανν.							D	ate		

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 cleate the ethnic background with which they identify.	has a physical or mental impairment which					
White (not of Hispanic origin): all persons in any of the original people Africa or the Middle East.	activities: i.e., walking, seeing, hearing,					
Black (not of Hispanic origin): all persons having origins in any of the Africa.	Black racial groups of speaking, working or learning; or 2. has a record of such impairment; or 3. is regarded as having such an impairment.					
Hispanic: all persons of Mexican, Puerto Rican, Cuban, Central or So Spanish culture or origin, regardless of race.	uth American or other Are you disabled according to any of the above					
Asian or Pacific Islander: all persons having origins in any of the origin East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. for example, China, Japan, Korea, the Philippine Islands, and Samoa.	This area includes,					
American Indian or Alaskan Native: all persons having origins in any confidence of North America, and who maintain cultural identification through trit community recognition.	of the original peoples Are you a disabled Veteran? Yes No					
RECRUITMI	ENT SURVEY					
	ng sources (check as many boxes as apply):					
1. Newspaper or Journal (please speci	fy)					
City of Cupertino Job Hotline						
3. City of Cupertino dob Flotime	oh announcement					
4. Friend or relative who works at City						
	or cupertino					
5. City of Cupertino Website						
6. CalOpps.org						
7. Other (please specify)						