



**CITY OF GOLETA, CALIFORNIA
EMPLOYMENT APPLICATION**
130 Cremona Drive, Suite B, Goleta, CA 93117
(805) 961-7500

Equal Opportunity Employer

We consider applicants for all positions without regard to race, sex, religion, sexual orientation, national origin, ancestry, color, creed, age, marital status, disability, or any other legally protected status. At time of hire, the documentation requirements of the Immigration Reform and Control Act of 1986 must be met.

Résumés may be attached but not accepted in lieu of the employment application. Failure to complete all items on this application may result in your disqualification. Please print clearly in ink or use a typewriter.

Position For Which You Are Applying:

(Job title and include level if appropriate)

Your Name:

(Last) (First) (Middle)

Mailing Address:

(Number) (Street) (Apartment No.) (City) (State) (Zip Code)

Telephone number:

() _____ (Home Phone) () _____ (Business or Message Phone)

Email Address: _____

1. Have you ever been employed by the City of Goleta? Yes No
If yes, give dates _____
2. Do any of your friends or relatives work for the City of Goleta? Yes No
If yes, state name and relationship _____
3. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
4. Indicate the type of appointment(s) you will accept: Full-time position Part-time position Temporary
5. Indicate your availability for the following: Day Night Weekend Rotating Shift
6. If this position requires typing and/or shorthand skills, please indicate. Typing speed _____ Shorthand speed _____

EDUCATION:

- 1. High School: Did you graduate? Yes No GED
- 2. College: Did you graduate? Yes No
- 3. Graduate School: Did you graduate? Yes No

Names of Schools Attended	Location	Course of Study Major/Minor	Dates Attended	Type of Diploma/ Degree and Year
High School:				
College/University:				
Graduate School:				
Vocational, Trade or Business:				
List additional school courses or training which would qualify you for this position:				
Certificates of professional or vocational competence:				
Licenses:				

EXPERIENCE:

Provide a complete employment history beginning with your current or most recent job. If more space is needed, attach additional sheets. Include any job-related military assignments and volunteer activities. Only those jobs listed will be considered in determining your eligibility. **THIS SECTION MUST BE FULLY COMPLETED.**

From (Mo/Day/Year)	Job Title	Company Name/Type of Business		Phone
To (Mo/Day/Year)	Number, Street, City			Name/Title of Immediate Supervisor
Hours Worked Weekly	Final Monthly Salary	May We Contact Your Employer? Yes No		Reason for Leaving
Description of Duties:				

EXPERIENCE (Continued):

From (Mo/Day/Year)	Job Title	Company Name/Type of Business		Phone
To (Mo/Day/Year)	Number, Street, City		Name/Title of Immediate Supervisor	
Hours Worked Weekly	Final Monthly Salary	May We Contact Your Employer? Yes No		Reason for Leaving
Description of Duties:				

From (Mo/Day/Year)	Job Title	Company Name/Type of Business		Phone
To (Mo/Day/Year)	Number, Street, City		Name/Title of Immediate Supervisor	
Hours Worked Weekly	Final Monthly Salary	May We Contact Your Employer? Yes No		Reason for Leaving
Description of Duties:				

From (Mo/Day/Year)	Job Title	Company Name/Type of Business		Phone
To (Mo/Day/Year)	Number, Street, City		Name/Title of Immediate Supervisor	
Hours Worked Weekly	Final Monthly Salary	May We Contact Your Employer? Yes No		Reason for Leaving
Description of Duties:				

ADDITIONAL INFORMATION:

OTHER QUALIFICATIONS (Summarize special job-related skills and qualifications acquired from employment/experience)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No
Were you ever discharged or asked to resign from any position? (If yes, explain below).	Yes	No
Do you have a current/valid California Drivers License? (Note: If hired, a DMV report and proof of license may be required).	Yes	No
Are you capable of performing, with or without reasonable accommodation, the activities involved in the position for which you have applied?	Yes	No
Do you have a need for special testing accommodations due to a disability?	Yes	No
EXPLANATION:		

APPLICANT CERTIFICATION: All answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthful or misleading answers are cause for rejection of this application, removal of name from an eligible list, or dismissal from city employment. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I understand that I may be requested to submit proof of qualifications at a later date. If upon checking these you determine that I do not meet specific requirements, I understand that I will be disqualified.

In order that the City may verify the accuracy of the information contained in my application, I hereby authorize any former employer, its employees or representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance, references, education or training, including driving record to the City of Goleta, and any of its employees, representatives, and agents. I understand that the City has a right to obtain criminal history information. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me. I am aware that fingerprinting may be required after an offer of employment. In addition, I am aware that after an offer of employment has been extended, I may be required to submit to a medical examination that includes a drug and/or alcohol analysis. I also understand that failure to submit to or satisfactorily complete this examination may result in any offer of employment being withdrawn.

Signature of Applicant

Date

ELECTION TO RECEIVE/NOT RECEIVE PUBLIC RECORDS

[California Civil Code section 1786.53]

I am aware that the City of Goleta may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment, and/or promotion as well as conducting investigations into possible misconduct.

I acknowledge that the term public records as used herein is limited to records of: arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

Check one box only:

- I hereby elect to receive any public records which may be obtained by the City of Goleta for employment purposes under Civil Code section 1786.53.
- I hereby elect not to receive any public records which may be obtained by the City of Goleta for employment purposes under Civil Code section 1786.53.

Date

Name (Print)

Signature

This form must be completed as part of application packet

VOLUNTARY STATISTICAL INFORMATION

The City of Goleta is an Equal Opportunity Employer. Please complete this form for statistical purposes. Your participation is voluntary and would be greatly appreciated. This information will be kept separate from your application and will not be used in any way to make an employment decision.

POSITION APPLIED FOR: _____

1. Sex:

Male Female

2. Age Group:

Under 40 40 or over

3. Race/Ethnic Background (Check one):

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.

Black (not of Hispanic origin): All persons having origins in any of the black racial groups.

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

Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, 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.

4. How did you learn about this opening?

City of Goleta employee

Friend or Relative

Classified Ad (please specify) _____

Publication/Advertisement (please specify) _____

Community Organization (please specify) _____

Other (please specify) _____