

CITY OF PIEDMONT

120 VISTA AVENUE
PIEDMONT, CA 94611

510-420-3047
www.ci.piedmont.ca.us

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS - Please read carefully: Fill out this application completely on both sides as it will assist us in evaluating your application thoroughly. Completing this application is part of the examination process. If you need more space, attach a separate sheet. You may attach a resume, but do not substitute it for information requested on this form. Please type or print legibly and return the application form on or before the final filing date specified on the announcement. **We cannot process incomplete, undated or unsigned applications.** Neither can we be liable for materials lost or delayed in the U.S. mail. The City will make reasonable efforts in the recruitment/examination process to accommodate applicants with disabilities. If you have need for an accommodation, please call Personnel at (510) 420-3047.

Name _____
Last First Middle

Position Applying For _____

Address _____
Number & Street City State Zip Code

Home Phone _____ Message Phone _____

E-mail address: _____

Professional licenses/certificates required for the job you are applying for:	Drivers License #: _____ State: _____ Expiration Date: _____ Has your license been revoked or suspended in the past five years? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain.
Machines or equipment you can operate relevant to the job you are applying for:	Have you ever worked for the City? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please list your name at that time if different from the name on this application.
Have you ever been discharged from any employment or resigned in lieu of discharge? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain.	Are you related to an employee of the City? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please list name and relationship:
Are you a United States citizen or legally authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no If hired, you will be required to submit proof of permission to work pursuant to Federal Law.	Please review the job description for the job for which you are applying. Can you perform the essential functions of the job, with or without accommodation? <input type="checkbox"/> yes <input type="checkbox"/> no

Highest Grade Completed: _____ Did you receive a High School Diploma? Yes No G.E.D

Name & location of College, University, Trade or Business Schools attended	Major Subject	Dates Attended		Credits Completed		Degree Earned & Date of Graduation
		From	To	Sem.	Qtr.	

Please list all jobs you have held in the last ten years, including volunteer positions and periods of unemployment. Begin with your present or most recent position. Use additional sheets if necessary.

Name/Address/Telephone No. of Employer	Job Title: _____	Number of Employees you Supervised: _____
	Duties:	
Dates of Employment: to		
	Earnings: _____ per	
Name of Supervisor		Reason for leaving:
Name/Address/Telephone No. of Employer	Job Title: _____	Number of Employees you Supervised: _____
	Duties:	
Dates of Employment: to		
	Earnings: _____ per	
Name of Supervisor		Reason for leaving:
Name/Address/Telephone No. of Employer	Job Title: _____	Number of Employees you Supervised: _____
	Duties:	
Dates of Employment: to		
	Earnings: _____ per	
Name of Supervisor		Reason for leaving:

Name/Address/Telephone No. of Employer	Job Title: _____	Number of Employees you Supervised: _____
	Duties:	
Dates of Employment:		
to		
	Earnings: _____	per
Name of Supervisor	Reason for leaving:	
Name/Address/Telephone No. of Employer	Job Title: _____	Number of Employees you Supervised: _____
	Duties:	
Dates of Employment:		
to		
	Earnings: _____	per
Name of Supervisor	Reason for leaving:	
May we contact employers you have listed regarding your qualifications, etc.? <input type="checkbox"/> yes <input type="checkbox"/> no If not, please explain.		
If the City determines that you meet the minimum employment qualifications for the position for which you are applying, you will be required to complete a Supplemental Application for Criminal Convictions.		

CERTIFICATION - Read carefully before signing

I certify that all statements made in this application are true and complete. I authorize investigation of all matters herein contained. I agree and understand that any misrepresentation, omission and falsification of a material fact may be a justification for rejection of my application, refusal of employment, removal of my name from an Eligibility List and/or dismissal from employment with the City of Piedmont. Once offered a job, I understand that I must pass a comprehensive background check, and agree to undergo a physical examination which includes a drug screening by a City Physician. In addition, I fully understand that employment is contingent upon meeting the City's job-related physical requirements. Also, if assigned in the Police Department, I agree to undergo a complete background investigation, psychological evaluation, and pre-employment polygraph evaluation. If employed I agree to be fingerprinted and to furnish verification of my identity and legal right to work in the U.S. and to take any loyalty oath required by State Law. I also authorize the employers, schools and individuals named above to provide any additional information regarding my qualifications and character. In addition, I hereby release the City, my former employers, schools and all other persons from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Signature of Applicant

Date