

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

Starting with your present or most recent employer, please account for your work experience during the last ten years (VOLUNTEER EXPERIENCE MAY BE INCLUDED). Please attach any information which is applicable to the job applied for.

RESUMES MAY BE ATTACHED BUT NOT COMPLETING THIS SECTION WILL BE GROUNDS FOR DISQUALIFICATION

From: _____ To: _____ Job Title or Occupation: _____
Mo./Yr. Mo./Yr.

Hours Per Week: _____ Employer's name and address: _____

Beginning Salary: _____

Ending Salary: _____

MAY WE CONTACT THIS EMPLOYER? Yes No

Duties and responsibilities: _____

Reason for leaving: _____

From: _____ To: _____ Job Title or Occupation: _____
Mo./Yr. Mo./Yr.

Hours Per Week: _____ Employer's name and address: _____

Beginning Salary: _____

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THE CITY OF MILPITAS IS AN EQUAL OPPORTUNITY EMPLOYER

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Milpitas. I authorize investigation of all matters contained in this application. I further agree to be fingerprinted, submit to a complete medical examination by a City physician, to sign an oath of office, and to furnish such proof of age, education, and citizenship or legal right to work in this country as may be required as a condition of employment.

(Signature)

(Date)

APPLICANT INFORMATION - THIS SECTION IS VOLUNTARY

The information below will be used only for statistical purposes and will not be used to evaluate your qualifications.

Position: _____

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female AGE <input type="checkbox"/> Over (40)	ETHNICITY <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Ind. / Alaskan Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other	DO YOU CONSIDER YOURSELF A DISABLED PERSON (as defined by the Americans With Disabilities Act) ? <input type="checkbox"/> No <input type="checkbox"/> Yes If you require accommodations during the examination process, please contact Human Resources at (408) 586-3090.
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How did you learn about this position?

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|---|--|
| <input type="checkbox"/> 1. Newspaper. Which one? _____ | <input type="checkbox"/> 4. Posting at City Facilities |
| <input type="checkbox"/> 2. Other publication. Which one? _____ | <input type="checkbox"/> 5. Job Hot Line |
| <input type="checkbox"/> 3. Other job posting. Where? _____ | <input type="checkbox"/> 6. Other _____ |