

# CITY OF MILPITAS EMPLOYMENT APPLICATION



**SUBMIT TO:**  
 City of Milpitas  
 Human Resources Department  
 455 E. Calaveras Blvd.  
 Milpitas, CA 95035  
 (408) 586-3090  
 TDD (408) 262-3081

FOR OFFICE USE ONLY		ID
Date received: _____		
<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input type="checkbox"/> Incomplete/Illegible
	<input type="checkbox"/> Education	<input type="checkbox"/> Typing Verification
	<input type="checkbox"/> Experience	<input type="checkbox"/> Late Filing
By: _____	Other: _____	

**PLEASE NOTE:**

1. Type or print in ink. Incomplete or illegible applications will **NOT** be considered.
2. Keep Human Resources informed of any change of address; otherwise you may lose your opportunity for employment.
3. Materials submitted with the application will not be returned.

Position: \_\_\_\_\_ Section: \_\_\_\_\_

**PERSONAL**

Full Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City & State) (Zip Code)

Home Phone: \_\_\_\_\_ Business or Day Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age (if under 18) \_\_\_\_\_ Valid Driver's License?  Yes License # \_\_\_\_\_ State \_\_\_\_\_  
 No Class  A  B  C  M Expiration \_\_\_\_\_

(A driver license may be required for specific position. Refer to the job announcement or contact the Human Resources Office for details.)

Are you currently or have you ever been a member of Public Employees Retirement System?  Yes  No

I have a relative who is an official or employee of the City of Milpitas \_\_\_\_\_  
(Name and relationship of relative)

**EDUCATION**

Check Highest Year Completed:  7  8  9  10  11  12  13  14  15  16  17  18

High School: \_\_\_\_\_ High School Diploma?  Yes  No  
(Name and Location) GED?  Yes  No

**COLLEGE OR UNIVERSITY**

Name and Location	Major	Degree	Date	Units	
_____	_____	_____	_____	_____	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem
_____	_____	_____	_____	_____	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem
_____	_____	_____	_____	_____	<input type="checkbox"/> Qtr <input type="checkbox"/> Sem

Business or Trade School: \_\_\_\_\_  
(Name and Location) (Training)

Professional Licenses, Certificates or Registrations: \_\_\_\_\_

Languages spoken fluently other than English: \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  Yes  No

Duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**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: \_\_\_\_\_

<b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>AGE</b> <input type="checkbox"/> Over (40)	<b>ETHNICITY</b> <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	<b>DO YOU CONSIDER YOURSELF A DISABLED PERSON</b> (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.
--	---	---	---	---

How did you learn about this position?

- |   |  |
|---|--|
| <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 _____                |