

CITY OF SIMI VALLEY

FOR HUMAN RESOURCES USE ONLY	
NC	_____
LM	_____
UTC	_____
WD	_____
R/S	_____
OTHER	_____

EMPLOYMENT APPLICATION

2929 TAPO CANYON ROAD, SIMI VALLEY, CALIFORNIA 93063
(805) 583-6743 WWW.SIMIVALLEY.ORG

PLEASE TYPE OR PRINT IN INK

POSITION APPLIED FOR:	DATE AVAILABLE:			
NAME: (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)		
ADDRESS:	NUMBER STREET	CITY	STATE	ZIPCODE
HOME PHONE:	BUSINESS OR OTHER PHONE:			

EDUCATION

SCHOOL	CITY AND STATE	NO. OF YEARS ATTENDED	MAJOR	COMPLETED UNITS	DIPLOMA OR DEGREE GRANTED

RELATED CERTIFICATION OR LICENSE	GRANTED BY	DATE GRANTED	EXPIRATION DATE

SPECIAL SKILLS (RELATED TO POSITION APPLIED FOR):

- HOW WERE YOU MADE AWARE OF THIS OPENING? (IF ADVERTISEMENT, NAME OF PUBLICATION) _____
- ARE YOU OR ANY OF YOUR RELATIVES CURRENTLY EMPLOYED BY THE CITY OF SIMI VALLEY? YES NO
IF YES, GIVE NAMES _____ RELATIONSHIP _____
- FOR PURPOSES OF CITY POLICY THE DEFINITION OF RELATIVE INCLUDES YOUR SPOUSE, CHILD, BROTHER, SISTER, AUNT, UNCLE, NIECE, NEPHEW, GRANDCHILD, OR GRANDPARENT EITHER BY BLOOD OR PRESENT MARRIAGE.
- ARE YOU A PAST OR CURRENT EMPLOYEE OF THE CITY? YES NO IF SO, GIVE DATES OF EMPLOYMENT _____ TO _____
- WILL YOU ACCEPT TEMPORARY EMPLOYMENT? YES NO WILL YOU ACCEPT PART-TIME EMPLOYMENT? YES NO
- IF THE JOB FOR WHICH YOU ARE APPLYING REQUIRES A DRIVER'S LICENSE, DO YOU POSSESS ONE? YES NO
- HAVE YOU EVER BEEN CONVICTED, SINCE YOUR 18TH BIRTHDAY, OF A MISDEMEANOR OR FELONY? IF YES, LIST ON A SEPARATE SHEET OF PAPER, THE OFFENSE, DATE, THE LOCATIONS OF THE CRIME AND THE COURT IN WHICH YOU WERE CONVICTED, AND THE PENALTY. YOU SHOULD NOT DISCLOSE CONVICTIONS THAT ARE OVER TWO YEARS OLD AS OF THE DATE OF THIS APPLICATION FOR CERTAIN MARIJUANA CONVICTIONS (VIOLATIONS OF HEALTH AND SAFETY CODE SECTIONS 11357, 11360, 11364, 11365, or 11350). **THIS QUESTION REQUIRES DISCLOSURE OF CONVICTIONS ONLY. A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.**
- ARE YOU AT LEAST 18 YEARS OLD? YES NO
- IF EMPLOYED, YOU MUST PROVIDE THE DOCUMENTATION REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 TO VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.
- IF YOU BECOME AN EMPLOYEE OF THE CITY, YOU MAY BE REQUIRED TO USE YOUR OWN VEHICLE IN THE COURSE OF CITY BUSINESS AND PROVIDE A CERTIFICATE OF INSURANCE. YOU MAY BE REQUIRED TO WORK OVERTIME AS NECESSARY.
- AN OFFER OF EMPLOYMENT MAY BE CONDITIONED ON THE SATISFACTORY COMPLETION OF A POST-OFFER MEDICAL EXAMINATION AND/OR DRUG TEST.

AN EQUAL OPPORTUNITY EMPLOYER

• BOTH APPLICANTS AND EMPLOYEES ARE TREATED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, MEDICAL CONDITION OR PHYSICAL OR MENTAL DISABILITY. • TO HELP US WITH FEDERAL/STATE EQUAL EMPLOYMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE ANSWER QUESTIONS BELOW. • **THIS INFORMATION WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.**

- POSITION APPLIED FOR: _____ DATE: _____
- AGE: _____ SEX: MALE FEMALE
- RACE/ETHNIC GROUP: WHITE BLACK HISPANIC AMERICAN INDIAN/ALASKAN NATIVE
 ASIAN/PACIFIC ISLANDER
- DO YOU HAVE A DISABILITY THAT LIMITS ONE OR MORE MAJOR LIFE FUNCTIONS? YES NO

PLEASE COMPLETE REVERSE SIDE

