CITY OF SOUTH SAN FRANCISCO

HUMAN RESOURCES DEPARTMENT
P.O. BOX 711 – 400 GRAND AVENUE
SOUTH SAN FRANCISCO, CA 94083
(650) 877-8522
www.ssf.net

Please complete both sides using ink or typewriter. Answer all questions completely. Omissions on your part may result in delay or disqualification.

QUALIFIED
By: _____
DISQUALIFIED
By: _____

EDUC	EXPR	LATE	OTHER
☐	☐	☐	☐

EMPLOYMENT APPLICATION FOR _____
POSITION FOR WHICH YOU ARE APPLYING

PERSONAL INFORMATION

NAME (*Last, First, Middle*)

OTHER NAMES USED (*if any*)

ADDRESS

(*Number, Street and Apartment No.*)

(*City, State and Zip Code*)

CAL. DRIVER'S LICENSE NO. VALID? YES ☐ NO ☐

SOCIAL SECURITY NO.

TYPE OF EMPLOYMENT DESIRED
☐ Full Time ☐ Part Time ☐ Temporary

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

E-MAIL ADDRESS (*optional*)

POLICE OFFICER APPLICANTS ONLY

	YES	NO
United States Citizen or have applied for U.S. Citizenship by the time of application?	☐	☐
21 yrs. of age by the date of the first examination?	☐	☐
If hired, can you show verification of your legal right to work in the United States of America?	☐	☐

CONVICTIONS – Conviction of a crime does not necessarily preclude you from employment. Each case is considered separately based on job requirements.

1. Have you ever been convicted by any court of an offense? ☐ YES ☐ NO

2. If "YES" State WHAT OFFENSE, WHEN, WHERE and DISPOSITION OF CASE. (*on separate sheet of paper*)

OMIT:
a. Minor traffic violations.
b. Any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile court or under a youth offender law
c. Any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45.

Do you wish to claim Veteran's Preference, if applicable? (If yes, attach Form DD2-14.) YES ☐ NO ☐

If yes, BRANCH | ACTIVE DUTY FROM | TO:

Do you have any relatives serving on Council Boards, Commissions or otherwise employed by the City of South San Francisco? YES ☐ NO ☐

If yes, NAME | POSITION | RELATIONSHIP

Describe fully any job-related skills, knowledge, special training, certificates, licensing, machines or equipment you can operate or possess as they support your application for this position.

EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED

High School	College	Graduate
1 2 3 4	1 2 3 4	1 2 3 4

NAME AND LOCATION OF HIGH SCHOOL

DID YOU GRADUATE? YES ☐ NO ☐ GED ☐

NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL	DATES FROM:	DATES TO:	GRADUATE YES	GRADUATE NO	*If yes*, DEGREE RECEIVED	*If No*, UNITS SEM./QTR.	MAJOR OR MAJOR SUBJECTS
			☐	☐			
			☐	☐			
			☐	☐			

THIS SECTION MUST BE FILLED OUT ***(additionally, you may attach a resume or other relevant documents to further describe your qualifications.)***

Begin with your present or most recent employment.
List both paid and volunteer work.

EXPERIENCE

DATES EMPLOYED FROM:	TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY ☐ WK ☐ MO	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES	
EMPLOYER'S TELEPHONE NUMBER			

DATES EMPLOYED FROM:	TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY ☐ WK ☐ MO	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES	
EMPLOYER'S TELEPHONE NUMBER			

DATES EMPLOYED FROM:	TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY ☐ WK ☐ MO	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES	
EMPLOYER'S TELEPHONE NUMBER			

DATES EMPLOYED FROM:	TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY ☐ WK ☐ MO	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES	
EMPLOYER'S TELEPHONE NUMBER			

I certify that, to the best of my knowledge, all statements in this application are complete and true. I agree and understand that any misrepresentations, falsifications or material omission of information contained in this application will cause me to forfeit all rights to employment with the City of South San Francisco. I authorize the City to contact my previous employers for information regarding my previous employment and further authorize any previous employers to furnish information regarding my employment to the City.

Date: _____ *Signature:* _____

In order to comply with federal guidelines, we request that you voluntarily provide the following information to be used for research and evaluation purposes. This information will be separated from your application upon receipt by the Human Resources Department.

NAME	POSITION FOR WHICH YOU ARE APPLYING	DATE
		☐ Male ☐ Female

Please CHECK ONE BOX ONLY *for the racial/ethnic category with which you most closely identify according to the ethnic definitions listed below.*

☐ WHITE	(*Not of Hispanic origin.*) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
☐ 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/ PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea and Samoa.
☐ AMERICAN INDIAN/ ALASKAN NATIVE	All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. Please identify with which tribe you are affiliated: _____
☐ OTHER	Persons belonging to groups whose origin is NOT listed above. Please specify group: _____

Please contact the Human Resources Department if you have a disability that requires any special accommodation during the examination process.

I *first learned of this job opening through* (*check one only*):

- ☐ A Friend or Relative
- ☐ The City's Human Resources Department – Job Line or Walk-in
- ☐ Contact with a City Department/Employee. If Department,
  specify which _____
- ☐ An Organization or Group, *specify which* _____
- ☐ An Advertisement (Newspaper, Publication, Television or Radio Station),
  specify which _____
- ☐ The City's Website
- ☐ Other Website, *specify* _____
- ☐ Other, *specify* _____