

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



QUALIFIED			
By: _____			
DISQUALIFIED			
By: _____			
EDUC	EXPR	LATE	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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	
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER	
E-MAIL ADDRESS (optional)		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
		POLICE OFFICER APPLICANTS ONLY	
		United States Citizen or have applied for U.S. Citizenship by the time of application? YES NO <input type="checkbox"/> <input type="checkbox"/>	
		21 yrs. of age by the date of the first examination? YES NO <input type="checkbox"/> <input type="checkbox"/>	
		If hired, can you show verification of your legal right to work in the United States of America? YES NO <input type="checkbox"/> <input type="checkbox"/>	

If you meet the minimum qualifications and progress through the recruitment process, you will be asked to provide information regarding whether you have ever been convicted by any court of an offense. All employment offers are conditional based on passing background checks that include a fingerprint based criminal history record check.

- Have you ever been enrolled in CalPERS or another public retirement system? YES NO
- Please list every public retirement system you have been enrolled in.

Do you wish to claim Veteran's Preference, if applicable? (If yes, attach Form DD2-14.)	YES NO <input type="checkbox"/> <input type="checkbox"/>	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 <input type="checkbox"/> <input type="checkbox"/>	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			NAME AND LOCATION OF HIGH SCHOOL				DID YOU GRADUATE?			
High School College Graduate							YES NO GED			
1 2 3 4 1 2 3 4 1 2 3 4							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL		DATES FROM: TO:		GRADUATE YES NO		If yes, DEGREE RECEIVED		If No, UNITS SEM./QTR.		MAJOR OR MAJOR SUBJECTS
_____		_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____
_____		_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____
_____		_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____

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 <input type="checkbox"/> WK <input type="checkbox"/> MO		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES		
EMPLOYER'S TELEPHONE NUMBER				
DATES EMPLOYED FROM:		TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY <input type="checkbox"/> WK <input type="checkbox"/> MO		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES		
EMPLOYER'S TELEPHONE NUMBER				
DATES EMPLOYED FROM:		TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY <input type="checkbox"/> WK <input type="checkbox"/> MO		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES		
EMPLOYER'S TELEPHONE NUMBER				
DATES EMPLOYED FROM:		TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY <input type="checkbox"/> WK <input type="checkbox"/> MO		YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES		
EMPLOYER'S TELEPHONE NUMBER				
DATES EMPLOYED FROM:		TO:	EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY <input type="checkbox"/> WK <input type="checkbox"/> 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
		<input type="checkbox"/> Male <input type="checkbox"/> 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 maintains 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 _____