

# City of Novato Employment Application

#### **Human Resources Office**

922 Machin Avenue Novato, California 94945 415/899-8900

<u>Instructions</u>: Print or type requested information using black or dark blue ink. Immediately notify Human Resources of address, e-mail or phone number changes. A separate application must be completed for each position. All statements are subject to verification. The application must be filled out entirely to be accepted for review. DO NOT INDICATE "SEE RESUME" OR "SEE ATTACHMENT."

Human Resources Office Use Only						
Received:						
Accept						
Late						
No						
Exper						
Cond.						
Educ						

POSITION APPLIED FOR:										
Name:										
Last				First				Mic	ddle	
Mailing Address:				Home	Phone	2:	( )			
City: State:	ZI	Р		Work I	Phone	:	( )			
E-mail Address:				Cell Ph	none:		( )			
Driver's License #		Sta	te					Cla	ss	
High School Name:				Did yo	ou grad	luate?		[	☐ Yes 〔	☐ No
Location:				If you did not graduate, do you have a G.E.D. Certificate? □ Yes □ No						
Circle grade completed: 1 2	3	4	5	6	7	8	9	10	11	12
College or University Name:				Did you graduate? ☐ Yes ☐ No						
Gonege of Oniversity Ivanie.										
Location:			If no degree, list number of units completed:		Sem	Semester Units:				
						Qua	Quarter Units:			
Years completed: 1 2 3 4 5 Degree:			Major:		Min	Minor:				
				1						
Post Graduate School/Other Name:				Did you graduate? ☐ Yes ☐ No						
Location:				Course:						
Degree:										

Employment History (Starting with Most Recent) Phone: ( ) Name & Address of Employer: Annual Salary: Name & Title of Supervisor(s):\*\* Title of Position: Dates of Employment: Full-Time: ☐ Yes ☐ No (use month and year) Number of Hours From: \_\_\_\_\_ Reason for leaving: per week: Describe duties of position: MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO \*\*Your current Supervisor will not be contacted until a background investigation is initiated. Annual Salary: Name & Address of Employer: Phone: ( ) Name & Title of Supervisor(s): Full-Time: Title of Position: Dates of Employment: ☐ Yes ☐ No (use month and year) Number of Hours From: \_\_\_\_\_ Reason for leaving: per week: \_\_\_\_ To: \_\_\_\_\_ Describe duties of position: Name & Address of Employer: Phone: ( ) Annual Salary: Name & Title of Supervisor(s): Title of Position: Full-Time: ☐ Yes ☐ No Dates of Employment: (use month and year) Number of Hours From: Reason for leaving: per week: Describe duties of position: Based upon your education and experience, please describe the skills, knowledge and abilities which qualify you for this position. Include any professional licenses, certificates or credentials (type/issue date/expiration date):

Were you discharged or asked to resign from any position that you held? ☐ Yes ☐ No	If yes, state	circumstan	ces:			
Are you legally authorized to work in the United States?		□Yes	□ No			
Do you have any relatives employed by the City of Novato? If yes,		Name of Relative: Relationship: Department:				
Police Department Applicants						
P.O.S.T. Certified Police Academy Graduate	☐ Yes	☐ No	Graduation Date:			
If not, are you currently enrolled?	☐ Yes	□ No	Graduation Date:			
P.O.S.T. Certified Public Safety Dispatcher Course	☐ Yes	☐ No	Graduation Date:			
If not, are you currently enrolled?	☐ Yes	□ No	Graduation Date:			
Have you applied within the last two years for a position with the Novato Police Department?	☐ Yes	□ No	If so, when?			
Please attach copy of graduation certificate.						
EQUAL OPPORTUNITY EMPLOYER  Our City government accepts for employment and promotes its employees without regard to race, color, religion, sex, age, marital status, national origin, ancestry, physical or mental handicap unrelated to ability of an individual, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with State and Federal law.						
I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, will be sufficient reason not to hire me and may be cause for my dismissal.  I understand the City is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.						
Signature of Applicant:  Date of Application:						

## CITY OF NOVATO PARKS, RECREATION AND COMMUNITY SERVICES

## Supplemental Application for Part-time Employment

<u>Instructions</u>: Please print in ink, or type. Incomplete or illegible applications will not be considered. Your application will remain on file for one year after the date of application. To remain eligible for employment after that date, it will be necessary to file a new application.

Name				Date:		
_	Last	First	MI			
POSIT	ION(S) DESIRED: Please	check the position	(s) for which y	ou are applying.		
PROGI	Recreation Leader Recreation Leader Recreation Leader Recreation Leader Recreation Leader	II III IV	in which you	Class Instructor Gymnastics Instructor Sports Official Child Care Teacher are interested and qualified:		
		Youth	Teen	Adult		
$\Box$ Ba	sketball					
$\square$ so	occer					
$\square$ Ba	seball					
$\square_{So}$	ftball					
_	olleyball					
Ot	•					
	Preschool Programs			Gymnastics Program		
	School-Aged Child Care Programs			Day Camps		
	Teen Programs			Other		

PRFORM014.wpd;4/12/06

PLEASE COMPLETE OTHER SIDE

ACTIVITIES OF IN	TEREST:		
	Hiking Nature Study Arts & Crafts Sports		Outdoor Games Music Dramatics Other
<u>CERTIFICATES</u> :	Do you currently hold any o	f the following	certificates?
		Expiration D	ate_
Standard Firs	et Aid Care		
Cardio-Pulm	onary Resuscitation (CPR)		
AVAILABILITY:	What days, times and season	ns are you avail	able?
background, experie selecting you for this	nce, or training that you posse job. Include activities in which	ess and believe you have partic	eation activities, qualifications are important considerations in cipated and what leadership roles ou may attach an additional page

#### SUPPLEMENTAL QUESTIONNAIRE

P	osition Applied For:	Date:						
req rec on not	quested below will be retruitment process in m groups protected und t be retained as part of	ection 1233 of the State Government Code and Section 1420 of the State used for statistical purposes only. It will enable the Personnel Office to neeting affirmative action goals, and to determine if there is any adverse aler federal and state equal opportunity laws. This information is requested your application. If you have any questions regarding this request, please processed whether or not you complete these questions.	o more effectively evaluate the impact in the selection process ed on a voluntary basis and will					
		☐ Male ☐ Female						
		Ethnic Category						
☐ Hispanic or Latino		A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.						
☐ White A person having origins in any of the original peop		A person having origins in any of the original peoples of Europe, the I	Middle East, or North Africa.					
☐ Black or African American		A person having origins in any of the Black racial groups of Africa						
☐ Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.						
☐ Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.						
		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.						
	Two or More Races	All persons who identify with more than one of the above races.						
		Job Source Information						
Ple	ease indicate where	you learned of this job vacancy:						
		n to City Office						
Newspaper (Please Specify)								
	☐ Job flyer post at another agency — Agency Name:							
	☐ State Employment Office (EDD)							
	☐ Professional Journal or Publication (Please Specify)							
	☐ Jobs Available							
	☐ Craigslist							
	California Job Journal							
	•	Novato Website						
		Placement Service - School Name:						
	☐ Friend or Relative - Name:							

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM.

☐ Other (Please Specify) \_\_\_\_\_