ANSWER ALL QUESTIONS
USE INK OR TYPE
PLEASE PRINT

APPLICATION FOR EMPLOYMENT

CITY OF CORONADO, CALIFORNIA

1825 Strand Way, Coronado, CA 92118
(619) 522-7302
www.coronado.ca.us

OFFICE USE ONLY
☐ Qualified
☐ NAHQ
☐ LMQ - ☐ Ed. ☐ Exp.
☐ Vet Pts.

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of a medical condition or disability, or any other legally protected status. Persons from all sections of the community are encouraged to apply.

POSITION TITLE _____ EXAM # _____

NAME _____
Last Name First Name MI

MAILING ADDRESS _____
Number Street City State Zip Code

HOME TELEPHONE ( ) _____ BUSINESS TELEPHONE ( ) _____

PAGER/MOBILE PHONE ( ) _____ E-MAIL ADDRESS _____

DRIVER'S LICENSE NO. _____ CLASS _____ STATE _____ EXPIRATION DATE _____

Have you ever been discharged or forced to resign due to misconduct or unsatisfactory service? If yes, please state all details on back of application, under "Additional Information."
☐ Yes ☐ No

May we contact your present employer?
☐ Yes ☐ No

Have you ever been convicted of a felony? (A conviction does not necessarily disqualify applicant from job applied for.)
☐ Yes ☐ No

If yes, please explain:

Can you, upon employment selection, demonstrate that you are legally able to work in the United States? ☐ Yes ☐ No

If you are under 18 years of age, can you provide required proof of eligibility to work? ☐ Yes ☐ No

EDUCATION & TRAINING

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	GRADUATE?
1 2 3 4 5 6 7 8 9 10 11 12			Yes No GED

COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED	LOCATION	DEGREE	MAJOR SUBJECT	SEMESTER UNITS

Professional or Vocational Certificates or Licenses. Please attach a copy to the application if required for the position you are applying for.

Other Special Training or Skills: (Language, office equipment, machine operations, etc.)

The City of Coronado encourages qualified individuals with disabilities to apply for employment. Individuals with disabilities who will require reasonable accommodation in order to participate in any portion of the application, interview, and/or testing process may voluntarily request the accommodation from the City five (5) working days prior to the requested accommodation. Documentation of the need for accommodation may be required upon receipt of the request.

EQUAL OPPORTUNITY EMPLOYER

MILITARY INFORMATION – In order to be considered eligible for the following veteran preference points, you must attach photocopy of DD214 or appropriate documents at time of application.

☐ Veteran ☐ Disabled Veteran ☐ Spouse of Disabled Veteran

BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	RANK	TYPE OF DISCHARGE

EXPERIENCE – Read the examination announcement carefully before completing this section. List all jobs you have held in the last 10 years. Also list jobs past 10 years if the experience helps to qualify you for the position. List your present or most recent job first. A thoroughly completed application may improve your chances for employment. If you need more space, you may attach additional sheets. Show specific examples of your experience which directly relate to the job requirements. **NOTE: A résumé may be attached, but will not be substituted for completion of this section.**

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS

DESCRIBE DUTIES/RESPONSIBILITIES

PHONE ( ) _____

REASON FOR LEAVING

NUMBER SALARY ☐ FULL-TIME

SUPERVISED: _____ PER MONTH: _____ ☐ PART-TIME

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS

DESCRIBE DUTIES/RESPONSIBILITIES

PHONE ( ) _____

REASON FOR LEAVING

NUMBER SALARY ☐ FULL-TIME

SUPERVISED: _____ PER MONTH: _____ ☐ PART-TIME

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS

DESCRIBE DUTIES/RESPONSIBILITIES

PHONE ( ) _____

REASON FOR LEAVING

NUMBER SALARY ☐ FULL-TIME

SUPERVISED: _____ PER MONTH: _____ ☐ PART-TIME

ADDITIONAL INFORMATION: (Use additional sheets if necessary)
Summarize any additional information you wish concerning your qualifications or interest which relates to the job for which you are applying.

The use of an employee's personal vehicle is required for some positions within the City. Reimbursement for mileage is available in these instances and covers all costs of operating personal vehicles.

DISCLOSURE AUTHORIZATION AND RELEASE

"I hereby authorize any former employer, its employees and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the City of Coronado, and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me."

_____ _____

Applicant/Employee Signature Date

_____

Print or type individual's name

CERTIFICATE OF APPLICANT

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief, and that any false statement or misstatement of material fact may subject me to disqualification, rejection, and removal from eligibility list or dismissal. I understand the manner in which this application is completed may determine my eligibility for employment.

SIGNATURE _____ DATE _____

All job offers are contingent on applicants passing a job-related physical examination, including drug testing.

CITY OF CORONADO

Equal Opportunity Employer Survey

To further its commitment to equal opportunity, the City of Coronado requests that applicants voluntarily provide the following information. This information will be detached from the application prior to review of application and will be available for research and evaluation purposes only. Your cooperation is essential to the success of this program. This information will have absolutely no effect on our process. Thank you for your cooperation.

Position Title _____ Exam No. _____ Date _____

Name _____ Age _____ City of Residence _____ Sex: ☐ Male ☐ Female

I consider myself a member of the following racial/ethnic group: (Check only one)

☐ Native American ☐ African American ☐ White

☐ Asian/Pacific Islander ☐ Filipino ☐ Hispanic ☐ Other _____

How did you learn about this position?

☐ Newspaper _____ ☐ Job Bulletin – Where? _____
Name of Newspaper

☐ City Website ☐ City Employee ☐ Recorded Jobline ☐ Job Fair ☐ Other _____