



EMPLOYMENT APPLICATION

PLEASE NOTE:

- 1. A separate application is required for each position.
2. Applications must be typed or printed in blue or black ink. Incomplete or illegible applications will not be considered.
3. Keep the Human Resources Department informed of any changes to your contact information.

POSITION

Position applied for
Learned of this job opening through

BASIC INFORMATION

Last Name First Name Middle Name
E-mail
Address City State Zip Code
Are you over 18 years of age?
Primary Phone Secondary Phone
Driver's License Driver's License State Driver's License Class
Are you eligible to work in the United States?
Have you ever been employed by the City of Mountain View?
Are you related to anyone employed by the City of Mountain View?
If YES, provide name and relationship

EDUCATION

Highest Education:
High School/GED Attended Location of HS/GED
College or University Attended Location Major
Units Completed Unit Type Semester/Quarter Degree(s) completed
Trade or Business School Attended City/State Course of study completed
List any specialized training which yielded certification, accreditation, license, special skills, or other relevant information
Clerical Skills: Typing WPM Computer/other office equipment

WORK EXPERIENCE

Begin with your current or most recent experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application completely. RESUMÉS MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.
Start Date End Date Total years/months Hours/Week
Job Title
Number employees supervised Supervisor's name and title
Company Name Phone
Address
Describe this work experience
Reason for leaving

Start Date End Date Total years/months Hours/Week

Job Title _____
Number employees supervised _____ Supervisor's name and title _____
Company Name _____ Phone (_____) _____
Address _____
Describe this work experience _____

Reason for leaving _____

Start Date ____/____/____ End Date ____/____/____ Total years/months _____ Hours/Week _____
month year month year

Job Title _____
Number employees supervised _____ Supervisor's name and title _____
Company Name _____ Phone (_____) _____
Address _____
Describe this work experience _____

Reason for leaving _____

Start Date ____/____/____ End Date ____/____/____ Total years/months _____ Hours/Week _____
month year month year

Job Title _____
Number employees supervised _____ Supervisor's name and title _____
Company Name _____ Phone (_____) _____
Address _____
Describe this work experience _____

Reason for leaving _____

AGREEMENT

READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application and any additional supporting documents are true and I authorize investigation of all matters contained in the application material. I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Mountain View. I agree to furnish such proof of age, citizenship, licenses, and education, as may be requested, and to be fingerprinted/backgrounded. I further agree to submit to a complete medical examination, which may include drug testing, by a City physician as may be requested.

I understand that all offers of employment are conditioned upon satisfactory proof of identity and legal ability to work in the United States and that the City of Mountain View is legally required by the Federal Government to hire only U.S. citizens and aliens lawfully authorized to work in the United States.

I understand that it is the policy of the City of Mountain View to preserve the right to equal employment opportunity for all persons, including those with physical, mental, or sensory disabilities. Candidates that may require special assistance in any phase of the application or testing process should advise the Human Resources Department upon submittal of application.

Signature _____ Date _____

**CITY OF MOUNTAIN VIEW
HUMAN RESOURCES DEPARTMENT**

TO: All Job Applicants
FROM: Assistant City Manager
SUBJECT: ETHNIC IDENTITY FORM

DATE: _____ POSITION APPLIED FOR: _____

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her ethnic identification with the submittal of an employment application. This form will be detached from the application prior to application review and kept in a separate file from the employment application.

This information requested is gathered and summarized for nondiscrimination statistical purposes only. It is unlawful to use this information to discriminate against or give preference to a person for hiring or promotion. Please do not sign this form.

For purposes of this report, the following categories will be used:

- A. The category "Hispanic or Latino": A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- B. The category "Two or More Races" (non-Hispanic or Latino): Persons who identify with two or more racial categories.
- C. The category "White" (non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- D. The category "Black or African American" (non-Hispanic or Latino): All persons having origins in any of the Black racial groups of Africa.
- E. The category "Asian" (non-Hispanic or Latino): 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.
- F. The category "Native Hawaiian or Other Pacific Islander" (non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- G. The category "American Indian or Alaskan Native" (non-Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

I IDENTIFY MYSELF AS:

RACE: _____ SEX: _____ AGE: _____

Please choose one category from the list above.