



City of Campbell
 Human Resources Division
 70 North First Street
 Campbell, California 95008-1423
 408-866-2122
www.cityofcampbell.com

Human Resources Use Only

- App MMQ
- App DNMQ
- Late
- Incomplete
- Other
- Letter
- Invite

GENERAL EMPLOYMENT APPLICATION

- PLEASE NOTE:**
1. A separate application is required for each position.
 2. Completed applications are required to be mailed or hand delivered to the HR Division.
 3. Faxed or E-mailed Applications will not be accepted.
 4. Keep the Human Resources Division informed of any change in address or phone number.

THE CITY OF CAMPBELL IS AN EQUAL OPPORTUNITY EMPLOYER

Position Applying for:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. No.: _____

City: _____ State/Zip: _____

Cell Phone: _____ Alternate Phone: _____ Work Phone: _____

E-mail Address: _____

Driver's License Number: _____ Driver's License State: _____ Driver's License Class: _____

Are you over the age of 18? Yes No If under 18, can you, after employment, submit a work permit? Yes No

If hired, can you provide evidence of your legal right to work in the USA? Yes No

Do you have any relatives employed by the City or who are now on City Council, a City Board or Commission? Yes No

If answered YES on the previous question, please provide name and relationship: _____

Have you ever been employed by the City of Campbell? Yes No

If answered YES on the previous question, please state when and in what position: _____

The City of Campbell complies with the Fair Employment and Housing Act (FEHA) and all other disability laws. We will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions, unless accommodation would cause undue hardship.

Are you able to perform the essential job functions for which you are applying, either with or without accommodation? Yes No

If NO, please describe below the functions which you cannot perform:

Have you ever been terminated, forced to resign, or rejected during probation (other than layoff) from employment within the last 10 years? If so, please give name of the employer, dates of the employment and reasons below. If no, indicate "not applicable."

Are you an active member (non-retiree) of the California Public Employees Retirement System (CalPERS)? Yes No

Are you a retired member of the California Public Employees Retirement System (CalPERS)? Yes No

EDUCATION:

Did you graduate from high school or do you possess a GED? Yes | No If no, highest grade completed or will be within the next 4 months? _

Did you graduate from college? [] Yes [] No

Names and Location of School(s) Attended	Major Area of Study	Units Completed (Indication "S" for semester and "Q" for quarter)	Diploma/Degree Attained	Date Completed (Not Applicable for High School)	Did you Graduate?
					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

Qualifications, Skills, Certificates & Licenses: (Attach additional pages if necessary)

<p>Please describe any experience you may have in working or volunteering with groups in a recreational setting (i.e. Community Centers, Camps, After School Programs, Social Clubs, etc).</p>
<p>Please describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess.</p>
<p>Software Applications (include typing WPM):</p>
<p>List any award(s), publication(s), qualifications for the position, etc. which are not listed in another area of the application.</p>

Experience: Do not indicate "SEE RESUME"- this section must be completed. List your work experience for the last 10 years beginning with your current or most recent experience. Experience beyond 10 years ago should be included only if it is directly related to the position for which you are applying. Use additional sheets if necessary.

Name of Employer: _____ Job Title: _____

Supervisor's Name/Phone #: _____ # of Employees Supervised _____

Street Address: _____ City: _____ State/Zip _____

From (Mo./Yr.): _____ To (Mo./Yr.): _____ Hours per week: _____

Describe Below the Duties Performed:

Reason for Leaving: _____

May we contact your present employer regarding your qualifications and work record? Yes No

Experience (continued):

Name of Employer: _____ Job Title: _____

Supervisor's Name/Phone #: _____ # of Employees Supervised _____

Street Address: _____ City: _____ State/Zip _____

From (Mo./Yr.): _____ To (Mo./Yr.): _____ Hours per week: _____

Describe Below the Duties Performed:

Reason for Leaving: _____

Experience (continued):

Name of Employer: _____ Job Title: _____

Supervisor's Name/Phone #: _____ # of Employees Supervised _____

Street Address: _____ City: _____ State/Zip _____

From (Mo./Yr.): _____ To (Mo./Yr.): _____ Hours per week: _____

Describe Below the Duties Performed: _____

Reason for Leaving: _____

Experience (continued):

Name of Employer: _____ Job Title: _____

Supervisor's Name/Phone #: _____ # of Employees Supervised _____

Street Address: _____ City: _____ State/Zip _____

From (Mo./Yr.): _____ To (Mo./Yr.): _____ Hours per week: _____

Describe Below the Duties Performed: _____

Reason for Leaving: _____

CERTIFICATE OF APPLICANT (read carefully before signing)

I hereby certify that all answers stated in this application are true and I agree and understand that any misstatement of material fact contained in the application will cause forfeiture upon my part of all rights of any employment in the service of the City of Campbell. I have read the job bulletin for this position and believe that I meet all of the requirements.

SIGNATURE: _____ DATE: _____



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VOLUNTARY SELF-IDENTIFICATION FORM

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her identification on an employment application. This information will be used by the City of Campbell in conducting research and in compiling statistical reports regarding the composition of its job applicants and work forces. It is illegal to use this information to discriminate against, or give preference to, a person for hiring or partition. This form will be separated from your application before the screening process and will be kept confidential.

APPLICANT'S NAME _____ DATE _____

POSITION APPLIED FOR _____

Please Check One: MALE FEMALE

Please Check One Box Below:

Asian or Pacific Islander	All person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands
African American or Black	All persons having origins in any of the Black racial groups of Africa (not of Hispanic origin)
Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture origin, regardless of race
Native American or 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
White	All persons having origins in any of the original peoples of Europe, North Africa or the Middle East (not of Hispanic origin)
Two or more races	All persons having origins in more than one race/ ethnic category
Other	

How did you first hear of this position?

- Friend or relative
- calopps.org
- City of Campbell employee
- Indeed.com
- City website
- Other