



City of Newark

37101 Newark Boulevard, 4th Floor
Newark, CA 94560-3796

EMPLOYMENT APPLICATION

Date Received: Accepted Rejected

Rejection for: Experience Req. DL Late Application Incomplete Application Education Certification Supplemental Other:

Answer all questions completely and accurately. Print in ink or use a typewriter. Attach additional sheets if necessary. Incomplete applications may result in delay or disqualification.

POSITION APPLYING FOR	Date
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APPLICANT INFORMATION				
NAME (Mr. / Ms. / Mrs.) (Last)	(First)	(Middle)	HOME PHONE #	
ADDRESS (Street, Apt. #)	(City)	(State)	(Zip)	BUSINESS PHONE #
OTHER NAMES UNDER WHICH YOU HAVE WORKED				CELL or ALTERNATE PHONE #
EMAIL ADDRESS				HAVE YOU REACHED THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>

The City is committed to employ only U.S. Citizens and Legal Aliens authorized to work in the United States. If employed, you will be required to submit verification of your legal right to work in the U.S. as referenced by the Immigration Reform Act of 1986. Are you a citizen of the United States or do you have a legal right to work in the United States? YES NO

Do you have any relative currently employed by the City of Newark? YES NO
If yes, give name and relationship:

DRIVER'S LICENSE Do you possess a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>				If your license is from out of state, please be advised that CA DMV requires you to get a California driver license within 10 days of taking a job or becoming a resident in California.
Issuing State	Driver's License #	Class (Standard is C)	Expiration Date	

EDUCATION Do you possess a High School Diploma or G.E.D Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENTLY ENROLLED <input type="checkbox"/> School Name:					
College, Universities, Vocational, Technical Schools Attended	City / State	Course of Study / Major	Degree or Certificate	Units Completed Semester Quarter	

CERTIFICATIONS, PROFESSIONAL REGISTRATIONS OR LICENSES		
List specialized training which yielded certification, accreditation, or license, etc.		
Type of Training	Institution	Certification, Accreditation, or License
PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS (You may omit associations which indicate race, religious creed, origin, ancestry, gender or age)		
If applicable to the position for which you are applying, indicate other special training, skills, or languages. You may include typing speed, software applications, equipment used, etc.		

EMPLOYMENT HISTORY

The following section must be filled out completely, accurately and without omissions. Begin with your most recent position and account for all experience within the past 10 years, whether related to the position you are applying for or not. Non-paid (volunteer) experience and experience beyond 10 years may be included if job-related. List each promotion or position separately.

You may submit a resume or other supporting documentation if you wish, but that does not substitute for completion of this section.

Do not write "see resume" in the "Description of Duties/Responsibilities" box. Failure to follow these instructions may disqualify you from consideration for the position.

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES (Do not write "See Resume")					
REASON FOR LEAVING					

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES (Do not write "See Resume")					
REASON FOR LEAVING					

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES (Do not write "See Resume")					
REASON FOR LEAVING					

WORK QUALIFICATIONS cont.

Are you applying for a Police Officer position or a position working with children? YES NO

If no, please skip this area and go to AGREEMENT. If yes, please answer the question below.

Have you ever been convicted for a violation of the law, excluding minor traffic violations? YES NO

If yes, list all convictions below or on an attached sheet. For each offense please include: the violation, the court, (including military), the place and date of conviction, the penalty (fine, sentence, date(s) of probation), and the name under which convicted. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health & Safety Code Sections 11357 (b or c), 11360(b), 11364, 11365, or 11550, as those relate to marijuana.

Each case will be given individual consideration. Failure to list all convictions other than those excluded above will be considered fraud in securing employment and will be grounds for termination. Note that conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense.

AGREEMENT - READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements made in this application are true, complete and without omission. I authorize investigation of all matters represented by this application. I agree and understand that 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 Newark no matter when said misstatement or omission is discovered or comes to light. I agree to furnish such proof of age, citizenship, licenses, education, or other representations made in this application as may be requested.

I agree to undergo a physical examination by a City contracted physician, if required for this position, if a job offer is made and understand that employment is contingent upon the ability to complete the City's physical job requirements. I agree to pre-employment testing for the presence of drugs and alcohol, if required. I further agree to be fingerprinted and agree to on-going updates pursuant to the Subsequent Arrest Notice program from the Department of Justice.

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 Newark is legally required by the Federal Government to hire only U.S. Citizens and aliens lawfully authorized to work in the United States.

I also authorize employers, schools or persons from employers listed in this application to give any information regarding my employment, qualifications and character. I hereby release said employers, schools, persons and the City of Newark from any liability or damages for receiving, using or releasing information.

Signature: _____

Date: _____

The City of Newark will provide reasonable accommodation for qualified individuals with disabilities. To request an accommodation, please contact the Human Resources Department at 510-578-4267.

Return completed application to:
Human Resources Department, City of Newark, 37101 Newark Blvd, 4th Floor, Newark, CA 94560



City of Newark

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VOLUNTARY DISCLOSURE

Applicant Please Complete

The City of Newark is an Equal Opportunity Employer. In accordance with Section 1233 and 12940 of the State Government Code, the information requested below will be used for statistical purposes only. It will enable the Human Resources Department to more effectively evaluate the recruitment process and to determine if there is any adverse impact in the selection process under all applicable Equal Opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the Human Resources Department. Your application will be processed whether or not you complete this form. Thank you for your assistance.

POSITION FOR WHICH YOU ARE APPLYING: _____

GENDER: MALE FEMALE

ETHNIC BACKGROUND: Check **one** box.

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | BLACK or African American (non Hispanic or Latino) | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> | HISPANIC or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | WHITE (non Hispanic or Latino) | All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> | Two or More Races (non Hispanic or Latino) | Persons who identify with two or more racial categories names above. |

RECRUITMENT SURVEY: Please indicate where you learned of this job vacancy. Check as many boxes as apply:

- | | |
|--|---|
| <input type="checkbox"/> City of Newark Employee | <input type="checkbox"/> Internet Site: _____ |
| <input type="checkbox"/> City of Newark Website | <input type="checkbox"/> Job flyer posted at another agency |
| <input type="checkbox"/> CalOpps.org | <input type="checkbox"/> Newspaper: _____ |
| <input type="checkbox"/> College Placement Service | <input type="checkbox"/> Professional Journal or Publication |
| <input type="checkbox"/> Friend / Relative | <input type="checkbox"/> State Employment Office (EDD) / CalJobs.ca.gov |
| <input type="checkbox"/> Interest Card Received | <input type="checkbox"/> Other: _____ |

Thank you for your interest in employment with the City of Newark.

EQUAL OPPORTUNITY EMPLOYER

Human Resources Department: 510-578-4267 • Fax: 510-578-4259 • Email: HR@newark.org • www.newark.org