

EXPERIENCE

13. LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN YEARS. Include active military service if any. Put your present or most recent job first. If you are attaching a resume, please transfer appropriate information onto this application. By being complete, you may improve your chance for employment. If you need more space, you may attach additional sheets.

From: _____ To: _____
Month/Year Month/Year
 Employer Name & Address: _____

 Supervisor Name & Title: _____

 Telephone: _____

Job Title: _____
 Duties: _____

 Reason for Leaving: _____
 Monthly Salary: Lowest \$ _____ Highest: \$ _____ Hours per Week: _____

From: _____ To: _____
Month/Year Month/Year
 Employer Name & Address: _____

 Supervisor Name & Title: _____

 Telephone: _____

Job Title: _____
 Duties: _____

 Reason for Leaving: _____
 Monthly Salary: Lowest \$ _____ Highest: \$ _____ Hours per Week: _____

From: _____ To: _____
Month/Year Month/Year
 Employer Name & Address: _____

 Supervisor Name & Title: _____

 Telephone: _____

Job Title: _____
 Duties: _____

 Reason for Leaving: _____
 Monthly Salary: Lowest \$ _____ Highest: \$ _____ Hours per Week: _____

From: _____ To: _____
Month/Year Month/Year
 Employer Name & Address: _____

 Supervisor Name & Title: _____

 Telephone: _____

Job Title: _____
 Duties: _____

 Reason for Leaving: _____
 Monthly Salary: Lowest \$ _____ Highest: \$ _____ Hours per Week: _____

PLEASE READ THE FOLLOWING VERY CAREFULLY BEFORE SIGNING AS IT CONTAINS IMPORTANT INFORMATION AND A WAIVER AND RELEASE OF LIABILITY

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief.

I understand that, to evaluate me for employment, the City may request information from my references and from my current or former employers and educational institutions. I also understand that the City may review my criminal history information, my driving record, and certain public records pertaining to me. In order to assist the City's evaluation, I authorize the release of information to the City regarding my prior and current employment, including without limitation: positions held, dates of employment, beginning and ending pay rates, work performance, and disciplinary records. I authorize the release of this information regardless of any agreement, instructions or representations I may have previously made to the contrary.

I further authorize the City to review public records pertaining to me and to investigate my driving record and criminal history, including the nature of any criminal convictions and the surrounding circumstances. I understand that a criminal conviction will not necessarily disqualify me from employment with the City.

In the event the City, for employment purposes, receives any public records of arrests, indictments, convictions, civil judicial actions, tax liens, or outstanding judgments pertaining to me:

- I do not wish to receive a copy of the public records.
- I do wish to receive a copy of the public records and I understand they will be provided to me within 7 days after they are obtained.

In consideration for the City's review of my application for employment, I waive any rights and claims I may have against any current or former employer or educational institution, any persons listed as a reference, or any entity from whom public records pertaining to me are obtained, including their officers, employees, losses, liabilities, or expenses (which includes attorney fees and costs) that may directly or indirectly result from the disclosure to, or use of the above information by the City. I further agree that a photocopy of this authorization may be used in lieu of the original for the purposes stated above.

Applicant Signature _____

Date _____

Social Security No. _____
(Needed to obtain certain education and/or training records)

APPLICANT DATA COLLECTION FORM

As an Equal Opportunity Employer, the City of Carlsbad is required to submit periodic reports regarding applicants and current employees. To aid the City of Carlsbad in its commitment of Equal Opportunity Employment and in order to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your application in any way. Any information you volunteer will be kept confidential.

1. Please check one: Female Male

2. I consider myself to be (please check only one in this section):

- WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
- BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the Black racial groups of Africa.)
- HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
- AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)
- ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.)

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities, may be eligible for reasonable accommodation under California Fair Employment and Housing Act and/or the federal American's with Disabilities Act. Please read the attached nondiscrimination policy statement or contact the Human Resources Department for further information.

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check one only):

- A friend or relative
- Contact with a City Department/Employee.
If Department, specify which: _____
- An advertisement (newspaper, publication, television or radio station), specify which _____
- Other, specify _____
- Visit to City's Human Resources Department
 Job Line or Website/Internet
- Received notification in the mail (job flyer)
- Referral from an organization or group, specify which: _____

This form is being submitted for the position of _____ with the City of Carlsbad.



CITY OF CARLSBAD NONDISCRIMINATION POLICY STATEMENT

It is the policy of the City of Carlsbad to select, develop and promote employees based on the individual's ability and job performance. It has been and shall continue to be the policy of this City to provide equal employment opportunity to all people in all aspects of employer/employee relations without regard to political opinion or affiliation, race, color, religion, sex, marital status, age, national origin, veteran status, medical condition or physical or mental disability.

This policy affects decisions including, but not limited to, an employee's compensation, benefits, terms and conditions of employment, opportunities for promotion, training and development, transfer, and other privileges of employment. It has been, and shall continue to be the City's policy to maintain a working environment free of sexual harassment and intimidation.

It is further the policy of the City of Carlsbad to comply with the letter and spirit of applicable local, state and federal laws concerning equal employment opportunity and affirmative action.

The City welcomes qualified women, minority, veteran and disabled applicants and encourages their hiring and promotion.

You may request more detailed information regarding the essential duties for this position by contacting the Human Resources Department at (760) 602-2440.

Please describe any reasonable test accommodations you require during the examination or interview process in order to make advanced arrangements.
