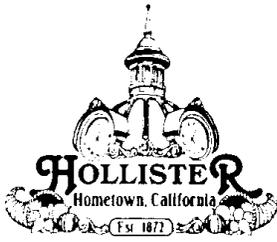


TYPE OR
PRINT
IN INK



City of Hollister

375 Fifth Street
Hollister, CA 95023
(831) 636-4308

EMPLOYMENT APPLICATION ADMINISTRATIVE SERVICES DEPARTMENT HUMAN RESOURCES DEPARTMENT

RECEIVED - HUMAN RESOURCES

FOR OFFICE USE ONLY

The City of Hollister, An Equal Opportunity/Affirmative Action Employer, offers equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

An application must be completed in full for each, position applied for, both temporary and regular. All statements are subject to verification.

1. NAME		2. POSITION		
3. ADDRESS		CITY	STATE	ZIP
4. SOCIAL SECURITY NO.	5. HOME PHONE	6. WORK PHONE	7. DRIVERS LIC. #	CLASS

8. PERS RETIREMENT MEMBER. I am currently or have previously participated in a PERS retirement plan. Yes No Unsure

9. EXPERIENCE RECORD. List most recent experience first, including paid and voluntary experience that you feel qualifies you for this job. This section must be completed. A resume may be attached for supplemental information only. DO NOT INDICATE "Refer to Resume." A resume does not substitute for an application. If a Supplemental Questionnaire is required, it must accompany this application.

FROM (Mo Yr)	TO (Mo Yr)	TOTAL (Yrs Mo)	Employer	Supervisor's Name		Phone #
			Address	City	State	Zip
Last Salary \$			Title and Duties			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually				
Reason to Leaving						

FROM (Mo Yr)	TO (Mo Yr)	TOTAL (Yrs Mo)	Employer	Supervisor's Name		Phone #
			Address	City	State	Zip
Last Salary \$			Title and Duties			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually				
Reason to Leaving						

FROM (Mo Yr)	TO (Mo Yr)	TOTAL (Yrs Mo)	Employer	Supervisor's Name		Phone #
			Address	City	State	Zip
Last Salary \$			Title and Duties			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually				
Reason to Leaving						

FROM (Mo Yr)	TO (Mo Yr)	TOTAL (Yrs Mo)	Employer	Supervisor's Name		Phone #
			Address	City	State	Zip
Last Salary \$			Title and Duties			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually				
Reason to Leaving						

(Please Cut Along Perforation)

In order to process your employment application and to aid the City of Hollister in its commitment to Equal Opportunity, applicants are asked to provide the following information. This section will be separated from your application prior to any review of your application, and will be kept separate and confidential through the examination process.

If you have a disability, please inform us. All information is voluntary and will be kept confidential. Yes No If yes, specify _____

Name _____ Male Female Position Applied For: _____

Please check one box only for the ethnic category you most clearly identify with (see below for ethnic identification).

- 1) White All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- 2) Black All persons having origins in any of the Black racial groups of Africa
- 3) Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.
- 4) Asian or Pacific All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (excluding the Philippine Islands). This area includes, for example, China, Japan, Korea, and Samoa.
- 5) American Indian All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- 6) Filipino All persons having origins from the Philippine Islands.

10. EDUCATION In the space below give a complete outline of your education and training.

Circle Highest Grade Completed	Name of Last School Attended Through High School	Location of This School	Did You Graduate?
1 2 3 4 5 6 7 8			<input type="checkbox"/> Yes
9 10 11 12 GED			<input type="checkbox"/> No
College 1 2 3 4 Graduate			

Describe below any business, trade school, or college training

Name and Address of Schools	Type of School	Description of Courses, Major Subjects, Hours of Credit Received	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

Give full title of degrees or diplomas (Do not abbreviate) _____

11. WORK AVAILABILITY In accordance with Federal law, all individuals will condition employment upon presentation at time of hire of original copy of acceptable document(s) verifying identity and authorization to work in the United States.

- Are there any days, shifts, or hours you cannot work which are customary for the position for which you are applying? Yes No
- If under age 18, do you have a current work permit? Yes No
- Do you have the legal right to work in the United States? Yes No

12. WORK CONDITION LIMITATIONS Applicant under 18 years of age must possess a work permit

Have you ever been discharged or requested to resign from a position? Yes No
If so give circumstances _____

Do you have relatives employed by the City of Hollister? If yes, please indicate. Yes No
(Each case will be considered separately for potential conflict of interest) _____

13. JOB RELATED SKILLS / CERTIFICATES / LICENSES

List Typing, WPM, Shorthand, office machines operated, and other special skills and licenses pertinent to position desired. Please provide any additional information or qualifications you feel will be helpful to us in considering your application.

List languages other than English that you speak fluently: _____

14. AGREEMENT

I hereby certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, schools, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that prior to being offered employment with the City of Hollister I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the City of Hollister prior to the administration of the test so that reasonable accommodations can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City of Hollister reserves the right to require medical documentation concerning the need for any accommodations. I understand that if employed, policies and rules that are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six months from the date completed, after which time I would have to reapply in accordance with established procedures.

Signature of Applicant _____

Date _____

(Please Cut Along Perforation)

I learned of this job opening through: (check one)

- The City's Human Resources Division/Employment Announcement (Job Board/Web Site)
- Contact with a City Department/Employee. If Dept., specify which _____
- An organization or group (specify) _____
- An advertisement (specify newspaper or publication) _____
- Other means (specify) _____