33831

City and County of San Francisco Employment Application

Last Name

First Name MI

Thank you for considering the City and County of San Francisco for employment. We appreciate that you have taken the time and effort to submit an application. Working for the City and County of San Francisco is both exciting and challenging. Regardless of your specific employment interest, you will provide public service to a local community that is active, diverse and expects high quality service. The attached application is the initial step in the selection process. Before completing the application, please read these instructions and the Job Announcement to ensure you submit all the information necessary for the City and County of San Francisco to evaluate your application. Applications must be received in the Human Resources Department no later than 5:00 PM on the application deadline date shown on the job announcement. Postmarks are not accepted. Submitting a complete, correct and legible application ensures that you will be given full credit for your education and experience.

In order to track your application you are required to provide the following information: the first three letters of your last name at birth, the month and day of your birth, and the last four digits of your Social Security Number. **Your application package can not be processed without this information. Any additional materials** (e.g. supplemental application, transcripts, certifications, etc.) **require a completed Document Cover Sheet**, which is included in this packet. Please make a copy of the Document Cover Sheet if you want to submit additional materials at a later date. Make copies of any additional materials you wish to keep before you submit your application. Submitted application materials will not be returned. Use a separate application for each job for which you wish to apply. Resumes are not accepted in lieu of the standard employment application.

You can check on the status of your specific application or any recruitment or apply on-line by accessing our on-line employment center at **www.jobaps.com/sf.**

Your application form and all additional materials will be scanned. In order to ensure that we capture the correct information, all boxes must be completed in either black or blue ballpoint ink, using capital letters and staying within the boxes provided. See the sample below:

Last Name BROWN

First Name KATHY MI R

Mailing Address (please include apartment number)

5678 WEST MISSION STREET

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Fill circles completely for your choices. If a mark lies entirely outside of the circle, it will not be counted. Example ● My choice ○ A choice not selected

Equal Employment Opportunity: In an effort to evaluate the effectiveness of its recruiting program, the City and County of San Francisco requests that you complete this form. The City and County of San Francisco is legally allowed to gather this information which is for statistical purposes only and will not be used for employment decisions.

Sex: ○ Male ○ Female

Race/Ethnic Category (Select one of the choices below.) :

○ **American Indian or Alaska Native**

All persons having origins in any of the original peoples of North America.

○ **Asian or Pacific Islanders (except Filipino)**

Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.

○ **Black (not of Hispanic origin):**

Persons having origins in any of the Black racial groups of Africa.

○ **Filipino**

Persons having origins in any of the original peoples of the Philippine Islands.

○ **Hispanic:**

Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

○ **White (not of Hispanic origin):**

Persons having origins in any of the originals peoples of Europe, North Africa, or the Middle East.

Recruitment Survey: Your voluntary answers to this section will assist us in evaluating our recruitment efforts. How did you hear about this position? (Fill circle that applies.)

○ Bulletin Board - 44 Gough Street

○ Bulletin Board - Other City Department

○ City Website/Internet

○ Newspaper Ad

○ Other, please indicate below:

○ City Phone Job Line

○ Notification/Courtesy Card

○ Trade/Professional Journal

○ Job Fair

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Fill Circles completely for your choices. If a mark lies entirely outside of the circle, it will not be counted. Example:
● My choice ○ A choice not selected

Announcement Number

___ - ___ - ___

Job Title

First three letters of last name at birth

Last four digits of Social Security Number

Month of Birth

Day of Birth

Social Security Number ___ - ___ - ___

Last Name

First Name

MI

Other names I have used.

Mailing Address (please include apartment number)

City

State Code

State/Province/Region

Zip/Postal Code ___ - ___

Country

E-Mail Address (Optional) **Provide only if we may contact you primarily via e-mail**. Please write clearly so that we can tell the difference between letters and numbers, e.g., "O" and "0" (zero); "I" or "L" and 1 (one)

Email

Home Phone: ___ - ___ - ___ OK to leave message? ○ Yes ○ No

Work Phone: ___ - ___ - ___ Ext. ___ OK to leave message? ○ Yes ○ No

Cell Phone: ___ - ___ - ___ OK to leave message? ○ Yes ○ No

FOR OFFICIAL USE ONLY (Do not write in this space)

C Ltr _____ Eligible _____ Ineligible _____ Reason _____

Veterans Preference _____ Date Received __ / __ / __ Received By ___ Number of Pages (not blank) ___

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Do you claim veterans' preference as an entrance applicant? ○ Yes ○ No

If yes, complete a Veteran's Preference application form and provide verification of eligibility.

○ Yes ○ No List the name, department and familial relationship of family members currently employed by the City and County of San Francisco.(Family members are defined as: spouse, registered domestic partner, parent, grandparent, child, sibling, parent-in-law, aunt, uncle, niece, nephew, first cousin, and includes any similar step relationship or relationship created by adoption.) Please use an extra sheet if necessary.

Name(s):

Department(s):

Relationship(s):

Do you now or have you previously worked for City and County of San Francisco? ○ Yes ○ No

If yes, please provide the following:

Class Number and Title:

Start Work Date in this class: / /

Department:

Unit or Division:

Employment Status (check any that apply):

☐ Permanent Civil Service

☐ Temporary Civil Service (from a list)

☐ Provisional (not from a list)

☐ Exempt from Civil Service

Permanent Class Number if other than a class listed above:

Starting Date: / /

As part of the selection process you are required to complete a Conviction History Form and submit it when requested by the City and County of San Francisco. The form can be obtained at 44 Gough Street or on the Web at www.sfgov.org/site/dhr_index.asp. Please do not submit the Conviction History Form with your application unless directed to do so in the job announcement.

I understand that I will be required to submit the Conviction History Form when required: ○ Yes

Professional License or Certificate (If specifically required for position)

License or Certificate Type _____

Date Expires _____ (mm/dd/yy) Number _____

License or Certificate Type _____

Date Expires _____ (mm/dd/yy) Number _____

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Last Name_____ First Name_____

Position applied for:

Please indicate your level of skill, if any, for each language.

Arabic	○ Speak/Read/Write	Japanese	○ Speak/Read/Write
American Sign Language	○ Speak/Read/Write	Korean	○ Speak/Read/Write
Burmese	○ Speak/Read/Write	Laotian	○ Speak/Read/Write
Cambodian	○ Speak/Read/Write	Russian	○ Speak/Read/Write
Chinese (Cantonese)	○ Speak/Read/Write	Spanish	○ Speak/Read/Write
Chinese (Other)	○ Speak/Read/Write	Tagalog (Philippines)	○ Speak/Read/Write
Chinese (Mandarin)	○ Speak/Read/Write	Vietnamese	○ Speak/Read/Write

○ Yes ○ No Do you possess a valid California driver's license? If Yes,

License No. ☐☐☐☐☐☐☐☐☐☐☐☐ Class: ○ A ○ B ○ C ○ Other

License Expires ☐☐ / ☐☐ / ☐☐

Have you graduated from High School? ○ Yes ○ No

If no, do you have?:

A GED Certificate ○ Yes ○ No

A High School Proficiency ○ Yes ○ No

EDUCATION: (If Job Announcement requires course work in specific areas, attach a list of courses completed.)

College or University Name of School / City & State	Major/Minor	# Units Earned Sem	Qtr	Degree Pursued	Completed?
				○ 2yr ○ 4yr ○ Mstr ○ Doct ○ Cert	○ Yes ○ No
				○ 2yr ○ 4yr ○ Mstr ○ Doct ○ Cert	○ Yes ○ No
				○ 2yr ○ 4yr ○ Mstr ○ Doct ○ Cert	○ Yes ○ No
				○ 2yr ○ 4yr ○ Mstr ○ Doct ○ Cert	○ Yes ○ No
				○ 2yr ○ 4yr ○ Mstr ○ Doct ○ Cert	○ Yes ○ No

CERTIFICATION OF APPLICANT (read carefully):

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with the City and County of San Francisco. I hereby authorize all my employers and schools (unless otherwise noted) to release any and all information concerning me, including information of a confidential or privileged nature. I hereby release any and all employers from any liability or damage which may result from furnishing the information requested.

Signature_____ _____ Date_____

Position Applied for:_____ Applicant Name _____

EMPLOYMENT HISTORY

YOU MUST COMPLETE THIS SECTION. You may also submit a resume. Begin with your most recent experience, starting with your current job. Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. Attach additional sheets if you need more space to describe duties or list former employers. Describe your duties as completely as possible. Incomplete information may cause a delay in processing your application. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately

Employer: _____ Dates Employed: From____/____/____ To___/____/____
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Your Job Title: _____

Duties Performed: _____

_____

_____

Reason For Leaving: _____

Last Salary: $ _____Per _____ ☐ Please do NOT contact present employer

Employer: _____ Dates Employed: From____/____/____ To___/____/____
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Your Job Title: _____

Duties Performed: _____

_____

_____

Reason For Leaving: _____

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Employer: _____ Dates Employed: From____/____/____ To___/____/____
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_____

_____

Reason For Leaving: _____

Last Salary: $ _____Per _____