

FOR OFFICE USE ONLY

Analyst _____ Date _____

Qualified

Hold - must submit:

by: _____

- Rejected for: experience
- education late filing
- verification other:

CITY AND COUNTY OF SAN FRANCISCO EMPLOYMENT APPLICATION

Submit Completed Application
to the Address Indicated on the Job Announcement



www.sfgov.org

**ANSWER ALL QUESTIONS - TYPE OR PRINT IN INK
READ THE EXAMINATION ANNOUNCEMENT BEFORE COMPLETING THIS FORM**

Position I am applying for: Class# Title		Specialty (if required by announcement)	
Last Name		First Name	Middle Initial
Street Address		Apt. No.	Home Telephone Number () -
City	State	Zip Code	Work Telephone Number () -

□ □ □ - □ □ - □ □ □ □ □

Social Security Number

Other surname(s) I have used: _____

You may may not contact my present employer.

I am currently employed by the City and County of San Francisco: Yes No

If yes, Class Number and Title: _____ Start Work Date in this class: _____

Department: _____ Unit or Division: _____

- Employment Status: Permanent Civil Service (from a list) 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: _____

Do you claim veteran's preference as an entrance applicant? No Yes If yes, complete a Veteran's Preference application form and provide verification of eligibility.

I can speak read write the following language(s) besides English: _____

I have a Driver License No Yes--If yes, Number _____ Class: _____ State: _____ Expiration: _____

If required for this job, list license, certificate and/or registration (for example, Registered Nurse License, Engineer's Certificate, etc.):

<u>Title</u>	<u>Issued By</u>	<u>Number</u>	<u>Date Issued</u>	<u>Date Expires</u>
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I have been convicted by a court of an offense: No Yes (you must explain)

On a separate piece of paper, list your name, the job code(s) and title(s) that you are applying for, and the following details for each offense: 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 if other than that listed above. You may omit any traffic offense for which the fine was less than \$200, and any record that has been sealed or expunged by the court. Conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense.

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.

Date	Signature of Applicant
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PRINT LAST NAME

LAST NAME

FIRST NAME

M.I.

Check appropriate box if you possess one of the following

High School Diploma

G.E.D. Certificate

California High School Proficiency Certificate

COLLEGE: BUSINESS/TRADE SCHOOLS; SPECIAL TRAINING: NAME AND LOCATION	COURSE OF STUDY/MAJOR	UNITS COMPLETED	DATE DEGREE/ CERTIFICATE AWARDED	TYPE DEGREE/ CERTIFICATE

EMPLOYMENT HISTORY - YOU MUST COMPLETE THIS SECTION. Do not attach a resume as a substitute. **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.

MO/YR TO	MO/YR	EMPLOYER'S NAME AND ADDRESS	TITLE OF YOUR POSITION
HOURS PER WEEK			DUTIES PERFORMED
SALARY			
REASON FOR LEAVING			

MO/YR TO	MO/YR	EMPLOYER'S NAME AND ADDRESS	TITLE OF YOUR POSITION
HOURS PER WEEK			DUTIES PERFORMED
SALARY			
REASON FOR LEAVING			

MO/YR TO	MO/YR	EMPLOYER'S NAME AND ADDRESS	TITLE OF YOUR POSITION
HOURS PER WEEK			DUTIES PERFORMED
SALARY			
REASON FOR LEAVING			

MO/YR TO	MO/YR	EMPLOYER'S NAME AND ADDRESS	TITLE OF YOUR POSITION
HOURS PER WEEK			DUTIES PERFORMED
SALARY			
REASON FOR LEAVING			

MO/YR TO	MO/YR	EMPLOYER'S NAME AND ADDRESS	TITLE OF YOUR POSITION
HOURS PER WEEK			DUTIES PERFORMED
SALARY			
REASON FOR LEAVING			

Class # applying for: _____ Title: _____ Date: _____

Name: _____
(Last) (First) (M.I.)

The Department of Human Resources is legally allowed to gather this information. This information which is voluntary will not be used for employment decisions.

Code: Circle the number that applies to you:

1. White (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. Black (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.
3. Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
4. Asian or Pacific Islander (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.
5. Filipino - Persons having origins in any of the original peoples of the Philippine Islands.
6. American Indian or Alaskan Native - Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

SEX: Check One: Male Female

Recruitment Survey: Your voluntary answers to this section will assist us in evaluating our recruitment efforts.

How did you hear about this position ? (check box that applies)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bulletin Board - 44 Gough Street | <input type="checkbox"/> City Phone Job Line | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Bulletin Board - Other City | <input type="checkbox"/> Notification / Courtesy | <input type="checkbox"/> Job Fair |
| Department | Card | <input type="checkbox"/> Other, please indicate _____ |
| <input type="checkbox"/> City Web Site / Internet | <input type="checkbox"/> Trade / Professional | |
| | Journal | |

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