

CITY AND COUNTY OF SAN FRANCISCO
EMPLOYMENT APPLICATION
 REVISED 7/3/06

Submit Completed Application to the Address
 Indicated on the Job Announcement



FOR OFFICE USE ONLY	
Analyst	Date
<input type="checkbox"/> Qualified	
<input type="checkbox"/> Hold - must submit:	
by: _____	
<input type="checkbox"/> Rejected for:	<input type="checkbox"/> experience
<input type="checkbox"/> education	<input type="checkbox"/> late filing
<input type="checkbox"/> verification	<input type="checkbox"/> other:

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	Other Telephone Number () -
E-mail Address			

SOCIAL SECURITY NUMBER:

Other name(s) I have used:

You may may not contact my present employer.

I am currently, or have been previously, 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)
 Provisional (not from a list)

Temporary Civil Service (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.)

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 requested.

Initial: _____

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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Class No. 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: Check the number that applies to you:

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

CONTINUE ON REVERSE SIDE

PRINT LAST NAME

