



# CITY OF HALF MOON BAY

City Hall, 501 Main Street  
Half Moon Bay, CA 94019

## APPLICATION FOR EMPLOYMENT

**PLEASE TYPE OR PRINT.** Complete this employment application thoroughly and accurately. Incomplete applications will be rejected. Statements in your application will be checked and verified by the Personnel Department. Please fill out both sides of this application. Before you sign the application, check for errors or omissions. Employment is subject to age verification in accordance with legal requirements.

WHAT POSITION ARE YOU APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PHYSICAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

HOME PHONE: \_\_\_\_\_  Days  Evenings  
WORK PHONE: \_\_\_\_\_  Days  Evenings

CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Please list any other names you have used while working: \_\_\_\_\_

Who should be notified in case of emergency? Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No Class: \_\_\_\_\_ License No: \_\_\_\_\_

Do you have any restrictions? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you under 67 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you related to any employee or elected official of the City of Half Moon Bay? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been employed by the City of Half Moon Bay? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a U. S. Citizen? \_\_\_ Yes \_\_\_ No Are you a Veteran? \_\_\_ Yes \_\_\_ No

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_ (Attach copy of DD-214)

Are you a member of Active Reserve? \_\_\_ Yes \_\_\_ No

What written proof can you submit to establish identity and employment eligibility? (i.e., U. S. Passport, Original Social Security Card, Birth Certificate, Drivers License, Alien Registration with photo, etc.) \_\_\_\_\_

Have you ever been convicted of a crime, including Military offense, other than minor traffic offenses? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

EDUCATION: Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_  
Circle highest grade completed: 8 9 10 11 12 College completed: 1 2 3 4 Grad Work: \_\_\_\_\_

Colleges or Universities Attended	Location	From	To	Units Completed	Major Subject	Degree Received	Year

Typing Speed: \_\_\_\_\_ Office Machine Experience: \_\_\_\_\_

Software Skills: \_\_\_\_\_

EMPLOYMENT HISTORY: List all the jobs you have had in the past 10 years. You must also account for **all** time you were unemployed or in the military service during the past 10 years. If you need more space, attach additional pages. Be as complete as possible. START WITH THE JOB YOU HAVE NOW, OR THE LAST JOB YOU HAD, AND WORK BACKWARDS.

Employer's Name: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employed for How Long: \_\_\_\_\_ Hours Wkd/Week: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr) (Years + months)

Starting Salary: \_\_\_\_\_ Ending/Present Salary: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employed for How Long: \_\_\_\_\_ Hours Wkd/Week: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr) (Years + months)

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employed for How Long: \_\_\_\_\_ Hours Wkd/Week: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr) (Years + months)

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How did you find out about this job (if newspaper, which one)? \_\_\_\_\_

May we contact your present employer regarding your qualifications if you are seriously considered?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentations or falsifications, my application may be rejected, my name be removed from the register, or I may be dismissed.

\_\_\_\_\_  
Signature Date