

**EMPLOYMENT APPLICATION**

**CITY OF SACRAMENTO**  
915 I Street, Historic City Hall  
Sacramento, California 95814-2604  
(916) 808-5726  
<https://www.cityofsacramento.org/HR>

Received: \_\_\_\_\_

**QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.****JOB INFORMATION**

\* JOB POSTING NUMBER:

\* POSITION TITLE:

**PERSONAL INFORMATION**

\* FIRST NAME

MIDDLE INITIAL

\* LAST NAME

\* ADDRESS

\* CITY

\* STATE

\* ZIP

HOME PHONE

ALTERNATE PHONE

\* EMAIL ADDRESS

\* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS?  EMAIL OR  PAPER**EDUCATION**

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- 
- Some High School
- 
- 
- High School

- 
- Some College
- 
- 
- Technical College

- 
- Associate's Degree
- 
- 
- Bachelor's Degree

- 
- Master's Degree
- 
- 
- Doctorate

**LEGAL RIGHT TO WORK**

CAN YOU, AFTER EMPLOYMENT, SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

YES  NO **EDUCATION**

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

**DRIVER'S LICENSE INFORMATION**\* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES  NO STATE WHERE  
ISSUED

CLASS

**CERTIFICATES & LICENSES**

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

**WORK EXPERIENCE**

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		# OF EMPLOYEES SUPERVISED	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		# OF EMPLOYEES SUPERVISED	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

**WORK EXPERIENCE**

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		# OF EMPLOYEES SUPERVISED	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		# OF EMPLOYEES SUPERVISED	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

**SKILLS****OFFICE SKILLS**

TYPING (NET WORDS PER MINUTE)

DATA ENTRY (NET WORDS PER MINUTE)

**OTHER SKILLS**

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

**LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN**

LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
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**ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

**REFERENCES**

Please list references you wish to include (Personal/Professional). Please include: Name, title, phone number, email, and mailing address.

**APPLICANT DECLARATIONS**

I certify that all statements in this application are true and complete. I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment by the City of Sacramento. I understand that if I do not meet the announced requirements, I will be eliminated from the examination process, and that applications must be received by the City Employment Office at Historic City Hall, 915 I Street, Plaza Level, Sacramento, CA 95814 by 5:00 p.m. on the final filing date specified on the Job Announcement. I hereby authorize the City to verify the accuracy of the information I have provided on this application. I understand that applications that do not list related job experience in the "Work Experience" section will be considered incomplete and will be rejected.

**AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS AND OTHER INFORMATION**

I authorize any duly accredited representative of the City of Sacramento to obtain any information relating to my activities from prior and current employers and others. This information may include, but not limited to, achievement, performance, attendance, personal history, and disciplinary information. I direct prior and current employers to release such information upon request to the duly accredited representative of the City of Sacramento regardless of any agreement I may have had with you previously to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

I have read and understand the above information.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## AGENCY WIDE QUESTIONS

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies. The information obtained also includes additional job-related information, such as your preference of work hours and locations, to better evaluate you for the position for which you are applying.

QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

1. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES  NO

2. ARE YOU CURRENTLY EMPLOYED BY THE CITY OF SACRAMENTO? (PLEASE NOTE: CITY EMPLOYEES ARE STILL REQUIRED TO INDICATE JOB-RELATED EXPERIENCE, INCLUDING THEIR CITY JOB-RELATED EXPERIENCE IN THE "WORK EXPERIENCE" SECTION OF THIS APPLICATION.)

YES  NO

3. IF 'NO' TO QUESTION #2, HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SACRAMENTO? YES  NO

4. IF 'YES' TO QUESTION #3, STATE WHAT DEPARTMENT(S)? DATE(S) YOU LEFT?

5. PLEASE LIST OTHER NAME(S) USED:

6. ARE YOU REQUESTING VETERAN'S PREFERENCE? YES  NO

7. HAVE YOU PREVIOUSLY RECEIVED A VETERAN'S PREFERENCE AND SUBSEQUENTLY BEEN APPOINTED TO A POSITION WITH THE FEDERAL GOVERNMENT OR ANY PUBLIC AGENCY IN CALIFORNIA IN THE LAST 10 YEARS? YES  NO

8. TO QUALIFY FOR VETERAN'S PREFERENCE, A COPY OF YOUR DD214 MUST BE SUBMITTED WITH THIS APPLICATION. THERE ARE SEVERAL CRITERIA YOU MUST MEET BEFORE QUALIFYING FOR THIS PREFERENCE. (FOR INFORMATION ON VETERAN'S PREFERENCE, PLEASE REFER TO THE OFFICIAL CITY OF SACRAMENTO WEBSITE OR CONTACT OUR OFFICE AT (916) 808-5726.) I UNDERSTAND THAT IF I ANSWERED 'YES', I AM REQUIRED TO SEND A COPY OF MY DD-214 TO THE CITY EMPLOYMENT OFFICE BY SENDING AN EMAIL TO [EMPLOYMENT@CITYOFSACRAMENTO.ORG](mailto:EMPLOYMENT@CITYOFSACRAMENTO.ORG). YES  NO

9. DISABILITY: DO YOU HAVE A DISABILITY AND REQUIRE ACCOMMODATION DURING THE EXAMINATION PROCESS?

**\*\*A PERSON WITH A DISABILITY IS AN INDIVIDUAL WHO: (1) HAS A PHYSICAL OR MENTAL IMPAIRMENT THAT LIMITS ONE OR MORE LIFE ACTIVITIES, SUCH AS WALKING, SPEAKING, BREATHING, PERFORMING MANUAL TASKS, SEEING, HEARING, LEARNING, CARING FOR ONESELF OR WORKING; (2) HAS A RECORD OF SUCH AN IMPAIRMENT; (3) IS REGARDED AS HAVING SUCH AN IMPAIRMENT. THE DEPARTMENT OF HUMAN RESOURCES WILL MAKE EFFORTS TO PROVIDE REASONABLE ACCOMMODATIONS TO THE CANDIDATES WITH DISABILITIES IN THE EXAMINATION PROCESS.\*\***

YES  NO

10. I UNDERSTAND THAT IF I ANSWERED 'YES' I AM REQUESTING A REASONABLE ACCOMMODATION. PLEASE NOTIFY THE CITY EMPLOYMENT OFFICE BY SENDING AN EMAIL TO [EMPLOYMENT@CITYOFSACRAMENTO.ORG](mailto:EMPLOYMENT@CITYOFSACRAMENTO.ORG) OR BY CALLING (916) 808-5726 (VOICE) BY THE FINAL FILING DATE TO DISCUSS WHAT ASSISTANCE/ACCOMMODATION YOU MAY NEED. YES

11. PLEASE TELL US HOW YOU HEARD ABOUT THIS JOB OPENING:

- BUS AD
- CAREER CONNECTION (CSUS)
- CAREERS IN GOVERNMENT
- FRIEND OR FAMILY REFERRAL
- GOVERNMENTJOBS.COM
- GREATER SACRAMENTO URBAN LEAGUE
- JOB FAIRS
- LINC'S (LOS RIOS COLLEGES)
- JOB POSTING AT CITY HALL
- PROFESSIONAL NETWORK
- RADIO AD
- RAINBOW CHAMBER OF COMMERCE
- SACRAMENTO AFRICAN AMERICAN CHAMBER OF COMMERCE
- SACRAMENTO ASIAN PACIFIC CHAMBER OF COMMERCE
- SACRAMENTO HISPANIC CHAMBER OF COMMERCE
- WOMEN'S EMPOWERMENT
- OTHER

12. IF YOU SELECTED "OTHER," PLEASE SPECIFY HOW YOU HEARD OF THIS JOB. THIS CAN INCLUDE COMMUNITY ORGANIZATION, EVENT, PROFESSIONAL ORGANIZATION, SOCIAL MEDIA OR WEBSITE, OR ANY OPTION NOT LISTED IN THE QUESTION ABOVE.

13. I UNDERSTAND THAT IF THE POSITION FOR WHICH I AM APPLYING **REQUIRES** PROOF OF EDUCATION AND/OR CERTIFICATION I MUST SUBMIT THIS PROOF TO THE CITY OF SACRAMENTO EMPLOYMENT OFFICE. COPIES OF DOCUMENTATION ARE ACCEPTABLE. YES  NO

14. GENDER:  MALE  FEMALE

15. ETHNIC ORIGIN: (CHECK ONE ONLY)

- AMERICAN INDIAN OR ALASKA NATIVE (NON-HISPANIC OR LATINO) - A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAIN TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
- ASIAN (NON-HISPANIC OR LATINO) - A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THAILAND, AND VIETNAM.
- FILIPINO - ALL PERSONS HAVING ORIGINS FROM PHILIPPINE ISLANDS.
- BLACK OR AFRICAN AMERICAN (NON-HISPANIC OR LATINO) - A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NON-HISPANIC OR LATINO) - A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.
- HISPANIC OR LATINO - A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE.
- WHITE (NON-HISPANIC OR LATINO) - ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE.
- MIDDLE EASTERN OR NORTH AFRICAN ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF MIDDLE EAST OR NORTH AFRICA.
- TWO OR MORE RACES - PERSONS WHO IDENTIFY WITH TWO OR MORE RACIAL CATEGORIES NAMED ABOVE.
- DECLINE TO ANSWER

16. I UNDERSTAND THAT I MUST LIST CURRENT AND/OR PAST JOB-RELATED EXPERIENCE IN THE "WORK EXPERIENCE" SECTION OF THE EMPLOYMENT APPLICATION. THE EXPERIENCE I LIST WILL BE USED TO DETERMINE IF I MEET THE MINIMUM QUALIFICATIONS AS STATED ON THE JOB ANNOUNCEMENT. APPLICATIONS THAT DO NOT LIST CURRENT AND/OR PAST JOB-RELATED EXPERIENCE WILL BE CONSIDERED INCOMPLETE AND WILL BE REJECTED; OMITTED INFORMATION CAN NOT BE CONSIDERED OR ASSUMED. A RESUME, RESPONSES TO THE SUPPLEMENTAL QUESTIONS, OR EMPLOYMENT HISTORY LISTED ELSEWHERE IN THE APPLICATION OR ATTACHMENTS WILL NOT SUBSTITUTE FOR THE INFORMATION REQUIRED IN THE "WORK EXPERIENCE" SECTION OF THE EMPLOYMENT APPLICATION. NOTE: QUALIFYING EXPERIENCE IS BASED ON 40 PAID HOURS PER WEEK (PRO-RATED IF LESS THAN 40 HOURS/WEEK).

YES  NO

17. I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIALS FACTS HEREIN WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT BY THE CITY OF SACRAMENTO. I UNDERSTAND THAT IF I DO NOT MEET THE ANNOUNCED REQUIREMENTS, I WILL BE ELIMINATED FROM THE EXAMINATION. I HEREBY AUTHORIZE THE CITY TO VERIFY THE ACCURACY OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION.

YES  NO

18. I AUTHORIZE ANY DULY ACCREDITED REPRESENTATIVE OF THE CITY OF SACRAMENTO TO OBTAIN COPIES OF ALL RECORDS RELATING TO MY DRIVER'S LICENSE FROM THE CALIFORNIA DEPARTMENT OF MOTOR VEHICLES AND FROM ANY OTHER STATE IN WHICH I HAVE BEEN LICENSED TO DRIVE.

YES  NO

19. I AUTHORIZE ANY DULY ACCREDITED REPRESENTATIVE OF THE CITY OF SACRAMENTO TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM PRIOR AND CURRENT EMPLOYERS AND OTHERS. THIS INFORMATION MAY INCLUDE, BUT NOT BE LIMITED TO, ACHIEVEMENT, PERFORMANCE, ATTENDANCE, PERSONAL HISTORY, AND DISCIPLINARY INFORMATION. I DIRECT PRIOR AND CURRENT EMPLOYERS TO RELEASE SUCH INFORMATION UPON REQUEST TO THE DULY ACCREDITED REPRESENTATIVE OF THE CITY OF SACRAMENTO REGARDLESS OF ANY AGREEMENT I MAY HAVE HAD WITH YOU PREVIOUSLY TO THE CONTRARY. I RELEASE ANY INDIVIDUAL, INCLUDING RECORDS CUSTODIANS, FROM ALL LIABILITY FOR DAMAGES THAT MAY RESULT TO ME ON ACCOUNT OF COMPLIANCE OR ANY ATTEMPTS TO COMPLY WITH THIS AUTHORIZATION.

YES  NO

20. I UNDERSTAND MY APPLICATION MUST BE SUBMITTED IN ENGLISH IN ORDER TO BE CONSIDERED FOR EMPLOYMENT. YES