

## Town of Atherton EMPLOYMENT APPLICATION

DEPARTMENT OF HUMAN RESOURCES 80 Fair Oaks Lane Atherton, CA 94027 (650) 752-0529

An Equal Opportunity Affirmative Action Employer

Please visit our website at: www.ci.atherton.ca.us

PLEASE NOTE: Type or print information onto this form. Use black ink. Incomplete or illegible applications will not be accepted.						
1. Job Title:		····				
2. Name						
Last Fire	st .	Middle				
3. Address	City	State Zip				
4. Home Phone ( Business Phone (	Cell Phone (	)				
5. Email address:						
6. Are you over 18 years of age? ☐ Yes ☐ No (Employment is subject to v	/erification that you meet any legal ag	ge requirements for the job applied for)				
7. Do you possess a valid California Driver's License? Yes No Driver's License Number Expirati	ion Date	Class				
EDUCATION and T						
Check appropriate box if you possess one of the following:						
8 9 10 11 12 Some College AA/AS BA/BS	Masters +					
Highest year completed						
Did you graduate from High School or receive a GED?	0					
High School Attended: Location of HS/GED:						
LIST YOUR EDUCATION/TRAINING RELATED TO THE POSITION INCLUD	OING COLLEGES/TECHNICAL, AN	ND MILITARY SCHOOLS, ETC.				
Name and Address of College, University Vocational School or Institute	Course of Study Or Major	Degree(s), Certificates, Units Hours if Applicable				
A.						
В.						
C.						
D.						
List special skills and current valid licenses, certificates or registrations relevant to the	nis position:					

## **EMPLOYMENT HISTORY**

Begin with your most recent experience.
List work record history and include any other pertinent experience. Failure to list work experience will be considered an incomplete application and subject to rejection. A resume will not substitute for the information required in this section. Resumes may be included, but do not write "See Resume" in lieu

of completing the app NOTE: <b>(Include yo</b>		ployment) Begin with your most recent position, and attach additional sheets if necessary.
	cent employer name &	
		JOB TITLE AND DESCRIPTION OF DUTIES
DATES EMPLOYED  Month Year Month Year		
From /	то /	
Total Months	Hours Per Week	
		SUPERVISOR'S NAME AND PHONE No.
		REASONS FOR LEAVING
Number of employee	es you supervised:	
MAY WE CONTAC	CT YOUR CURREN	<b>T EMPLOYER?</b> ☐ YES ☐ NO If "No," indicate exceptions and reasons.
Previous employer address:	r name &	
		JOB TITLE AND DESCRIPTION OF DUTIES
DATES EMPLOYED  Month Year Month Year		
From /	То /	
Total Months	Hours Per Week	
		SUPERVISOR'S NAME AND PHONE No.
		REASONS FOR LEAVING
Number of employee	es you supervised:	
Previous employer address:	name &	
		JOB TITLE AND DESCRIPTION OF DUTIES
DATES EMPLOYED  Month Year Month Year		
From /	то /	
Total Months	Hours Per Week	
		SUPERVISOR'S NAME AND PHONE No.
		REASONS FOR LEAVING
Number of employee	es you supervised:	
Previous employer address:	name &	
		JOB TITLE AND DESCRIPTION OF DUTIES
DATES EMPLOYED  Month Year Month Year		
From /	То /	
Total Months	Hours Per Week	
		SUPERVISOR'S NAME AND PHONE No.
		REASONS FOR LEAVING
Number of employee	es you supervised:	

EMPLOYMENT HISTORY				
Previous employer address:	name &			
		JOB TITLE AND DESCRIPTION OF DUTIES		
DATES EMPLOYED  Month Year Month Year				
From /	то /			
Total Months	Hours Per Week			
		SUPERVISOR'S NAME AND PHONE No.		
	1	REASONS FOR LEAVING		
Number of employee	es you supervised:	,		
Previous employer address:	r name &			
		JOB TITLE AND DESCRIPTION OF DUTIES		
DATES EMPLOYED  Month Year Month Year				
From /	То /			
Total Months	Hours Per Week			
		SUPERVISOR'S NAME AND PHONE No.		
		REASONS FOR LEAVING		
Number of employee	es you supervised:	,		
		ADDITIONAL EXPERIENCE		
Use the space prov	rided to list any addit	ional experience (volunteer, internship, etc.).		
CERTIFICATE OF	APPLICANT. (Re	ad Carefully Before Signing)		
this application. I rights of employment	understand that any ent with the Town of	de in this application are true and I authorize investigation and verification of all matters contained in misstatement or omission of material fact on this application will cause forfeiture on my part of all fatherton. I further agree to be fingerprinted, to submit to a complete medical examination by a town age and citizenship as may be required.		
Signature		Date		

**DISABLED APPLICANTS**: The Town of Atherton will make reasonable accommodations in the exam process to accommodate disabled applicants. If you have a disability for which you are required an accommodation, please contact us at 650-752-0529 no later than seven (7) calendar days before the test/interview date.

## TOWN OF ATHERTON AFFIRMATIVE ACTION QUESTIONNAIRE

Section 1233 of the California Government Code gives each individual the opportunity to voluntarily declare his/her identification on an employment application. This information will be used by the Town of Atherton in conducting research and in compiling statistical reports regarding the composition of its job applicants and workforce. It is illegal to use this information to discriminate against or, to give preference to a person for hiring or promotion. After this information has been recorded by the Human Resources Department, it will be removed from the application prior to review by the hiring department. [OPTIONAL]

Position you are applying for:					
Please answer all the questions by placing an "X" in the appropriate box.					
A. Please indicate gender: 1. ☐ Male 2. ☐ Female					
B. Please indicate the racial / ethnic category whice (Please check only one):	h you most closely identify with below				
HISPANIC or LATINO: A person o race.	☐ <b>HISPANIC or LATINO</b> : A person of Cuban, Mexican, Puerto Rican, South or central American, or Spanish culture or origin regardless of race.				
☐ WHITE (Not Hispanic or Latino)	☐ WHITE (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle or North Africa				
☐ BLACK or AFRICAN AMERICAN	☐ BLACK or AFRICAN AMERICAN (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.				
<ul> <li>NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.</li> <li>□ ASIAN (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This area includes, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</li> <li>□ AMERICAN INDIAN or ALASKAN NATIVE (Not Hispanic or Latino) A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.</li> </ul>					
, ,	,	·			
☐ TWO OF MORE RACES (NOT HISPA	nic or Latino) All persons who identify with m	ore than one of the above live faces.			
C. <b>DISABILITIES</b> : (Check all that apply)					
☐ None ☐ Hearing ☐ Sight ☐ Speech [	☐ Other				
I first learned of this job opening through	(please check one):				
TOWN OF ATHERTON RELATED	NEWSPAPERS	INTERNET			
☐ Town Employee	☐ San Francisco Chronicle	☐ CalOpps.org			
☐ Town Website	☐ Jobs Available	☐ Craigslist.org			
	☐ San Jose Mercury	☐ Monster.com			
PUBLIC SECTOR PUBLICATIONS	☐ Contra Costa Times	☐ GovJobs.com			
☐ Jobs Available		☐ HotJobs.com			
☐ Western City					
☐ ICMA Newsletter					
☐ City & State					
		OTHER			
		<u> </u>			
Are you related to anyone employed by the Town	of Atherton?				
If yes, please provide name and relationship:					