



Begin with your present or most recent position.  
List both paid and volunteer work.

**Do not indicate "See Resume."**

If you are being actively considered for employment, may we contact your former employers regarding your work performance records? Yes  No

EXPERIENCE			
<i>IF MORE SPACE IS NEEDED, USE A SEPARATE SHEET PREPARED IN THE SAME FORMAT AND ATTACHED SECURELY</i>			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			
DATES EMPLOYED from: _____ to: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY	YOUR TITLE	REASONS FOR LEAVING
SUPERVISOR'S NAME		DUTIES	
NUMBER OF EMPLOYEES SUPERVISED			
EMPLOYER'S TELEPHONE NUMBER			

<p><b>POLICE OFFICER &amp; FIRE FIGHTER APPLICANTS ONLY:</b> Will you, by the final filing date, have reached your 18<sup>th</sup> birthday? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND HEREBY AUTHORIZE EMPLOYERS, SCHOOLS OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY RELEASE SAID EMPLOYERS, SCHOOLS, PERSONS AND THE CITY FROM ANY LIABILITY FOR DAMAGES FOR RECEIVING OR RELEASING INFORMATION. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACT ON THIS APPLICATION WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO BE CONSIDERED FOR EMPLOYMENT WITH THE CITY AND MAY BE CAUSE FOR DISMISSAL IF ALREADY EMPLOYED. I FURTHER AGREE TO BE FINGERPRINTED, TO SUBMIT TO A JOB-RELATED MEDICAL EXAMINATION, INCLUDING DRUG SCREENING, AND FURNISH SUCH PROOF OF MEETING THE CONDITIONS OF EMPLOYMENT AS MAY BE REQUIRED. (If application is submitted online or by Fax, we will require an original signature at the time of exam.)

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

<p><b>DISABLED APPLICANTS:</b> THE HUMAN RESOURCES DEPARTMENT WILL MAKE REASONABLE ACCOMMODATION IN THE EXAM PROCESS TO ACCOMMODATE DISABLED APPLICANTS. IF YOU HAVE A DISABILITY FOR WHICH YOU REQUIRE ACCOMMODATION, PLEASE CALL THE HUMAN RESOURCES DEPARTMENT AT (707) 649-4852 NO LATER THAN FIVE (5) DAYS BEFORE THE TEST DATE.</p>
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In order to comply with federal guidelines, we request that you voluntarily provide the following information to be used for research and evaluation purposes. This information will be separated from your application upon receipt by the Human Resources Department, and is not considered in the hiring process.

TO ASSIST US IN OUTREACH EFFORTS, PLEASE INDICATE HOW YOU FOUND OUT ABOUT THIS JOB.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> VALLEJO TIMES HERALD   | <input type="checkbox"/> CONTRA COSTA TIMES       | <input type="checkbox"/> BENICIA HERALD           |
| <input type="checkbox"/> VACAVILLE REPORTER   | <input type="checkbox"/> FERRY TERMINAL           | <input type="checkbox"/> FAIRFIELD DAILY REPUBLIC |
| <input type="checkbox"/> NAPA VALLEY REGISTER   | <input type="checkbox"/> SACRAMENTO BEE           | <input type="checkbox"/> FRIEND                   |
| <input type="checkbox"/> JOBS AVAILABLE   | <input type="checkbox"/> DIRECT MAILING           | <input type="checkbox"/> CITY EMPLOYEE            |
| <input type="checkbox"/> CITY OF VALLEJO WEBSITE  | <input type="checkbox"/> SCHOOL/ PLACEMENT OFFICE | <input type="checkbox"/> JOB FAIR                 |
| <input type="checkbox"/> OTHER WEBSITE, NEWSPAPER OR PUBLICATION (PLEASE SPECIFY) _____ |   |   |

POSITION APPLIED FOR: \_\_\_\_\_

MALE  FEMALE

Please CHECK ONE BOX ONLY for the racial/ethnic category with which you most closely identify according to the ethnic definitions listed below.

- |   |  |
|---|--|
| <input type="checkbox"/> WHITE                              | (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.  |
| <input type="checkbox"/> BLACK                              | (Not of Hispanic Origin) All persons having origins in any of the Black racial groups.   |
| <input type="checkbox"/> HISPANIC                           | All persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.  |
| <input type="checkbox"/> ASIAN/PACIFIC ISLANDER             | All 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.                   |
| <input type="checkbox"/> FILIPINO                           | All persons having origins in any of the original peoples of the Philippine Islands.   |
| <input type="checkbox"/> AMERICAN INDIAN/<br>ALASKAN NATIVE | All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify with which tribe you are affiliated. |
| <input type="checkbox"/> OTHER                              | Persons belonging to groups whose origin is NOT listed above. Please specify group: _____  |

Complete form and print or print form and complete by hand.  
Submit the completed form to the Vallejo Police Department.