APPLICATION FOR EMPLOYMENT

Town Of Fairfax
142 Bolinas Rd.
Fairfax, Ca 94930
415-458-1584
www.townoffairfax.org

The Town Of Fairfax is an equal Opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, and mental or physical disability.
All job offers are contingent upon the successful completion of a background process, which may include a police records check and a medical examination which Includes drug screening.

PLEASE TYPE OR PRINT LEGIBLY; THIS APPLICATION IS PART OF THE EXAMINATION PROCESS. RESUME MAY BE ATTACHED, BUT IS NO SUBSTITUTE FOR COMPLETING THIS APPLICATION.

PRINT EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR:	ARE YOU UNDER 18 YEARS OF AGE? ☐ YES ☐ NO
ENTER JOB BULLETIN NUMBER (See lower left corner of job announcement flyer if any)	APPLICANT, CHECK ONLY IF APPLYING FOR A PUBLIC SAFETY POSITION. ARE YOU OVER 60 YEARS OF AGE? ☐ YES ☐ NO

PRINT YOUR FULL NAME:				TELEPHONE/CONTACT INFORMATION: HOME: ( ) - BUSINESS: ( ) - x CELL: ( ) - E-MAIL:
	(Last)	(First)	(Middle)	

ADDRESS:

			DRIVER'S LICENSE#:
(Number)	(Street)	(Apt. No.)	STATE: CLASS: EXPIRATION DATE: / / RESTRICTIONS:
(City)	(State)	(Zip Code)	

SOCIAL SECURITY NUMBER - -	WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK AND UNDERSTAND FLUENTLY?	HAVE YOU THE LEGAL RIGHT TO WORK FERMANENTLY IN THE UNITED STATES? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY BY A COURT OF LAW OR A MILTARY TRIBUNAL? ☐ YES ☐ NO IF YES, GIVE DETAILS BELOW. EMPLOYABILITY WILL DEPEND UPON THE NATURE OF THE OFFENSE, THE JOB IN QUESTION. AND THE CONDUCT OF THE APPLICANT SINCE THE OFFENSE WAS COMMITTED.	ARE YOU RELATED TO ANYONE WORKING FOR THE TOWN OF FAIRFAX ☐ YES ☐ NO IF YES, IN WHAT DEPARTMENT IS YOUR RELATIVE EMPLOYED: NAME OF RELATIVE: RELATIONSHIP:

DATE	CITY AND STATE	OFFENSE	PENALTY OR DISPOSITION
/ /			
/ /			
/ /			

EDUCATION

CHECK HIGHEST GRADE COMPLETED ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12	NAME AND LOCATION OF HIGH SCHOOL	DID YOU GRADUATE FROM HIGH SCHOOL? ☐ YES ☐ NO	DO YOU HAVE A GED CERTIFICATE? ☐ YES ☐ NO

COLLEGE OR UNIVERSITY ATTENDED	ATTENDANCE DATES	MAJOR	UNITS	DEGREE RECEIVED

OTHER JOB RELATED TRAINING

PROFESSIONAL LICENSES OR CERTIFICATES:

PROFESSIONAL MEMBERSHIPS:

REMARKS:

U.S. ARMED FORCES ☐ YES ☐ NO			
BRANCH OF SERVICE	YEARS OF ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	RANK

IF YOU WISH TO CLAIM VETERAN'S CREDIT YOU MUST ATTACH A COPY OF FORM DD214 TO YOUR APPLICATION

EXPERIENCE: LIST YOUR PRESENT OR MOST RECENT JOB FIRST. CAREFULLY ACCOUNT FOR ALL RECENT EMPLOYMENT (AT LEAST THE LAST TEN YEARS). BY GIVING COMPLETE INFORMATION, YOU WILL IMPROVE YOUR CHANCES FOR EMPLOYMENT. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEETS.

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO, IF 'NO' EXPLAIN:

FROM: MONTH/YEAR / /	TO: MONTH/YEAR / /	TITLE OF YOUR POSITION				
NAME OF EMPLOYER ADDRESS: NAME OF SUPERVISOR PHONE #: ( ) - x		DUTIES OF YOUR POSITION				
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: $	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK

FROM: MONTH/YEAR / /	TO: MONTH/YEAR / /	TITLE OF YOUR POSITION				
NAME OF EMPLOYER ADDRESS: NAME OF SUPERVISOR PHONE #: ( ) - x		DUTIES OF YOUR POSITION				
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: $	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK

FROM: MONTH/YEAR / /	TO: MONTH/YEAR / /	TITLE OF YOUR POSITION				
NAME OF EMPLOYER ADDRESS: NAME OF SUPERVISOR PHONE #: ( ) - x		DUTIES OF YOUR POSITION				
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: $	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK

FROM: MONTH/YEAR / /	TO: MONTH/YEAR / /	TITLE OF YOUR POSITION				
NAME OF EMPLOYER ADDRESS: NAME OF SUPERVISOR PHONE #: ( ) - x		DUTIES OF YOUR POSITION				
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: $	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK

FROM: MONTH/YEAR / /	TO: MONTH/YEAR / /	TITLE OF YOUR POSITION				
NAME OF EMPLOYER ADDRESS: NAME OF SUPERVISOR PHONE #: ( ) - x		DUTIES OF YOUR POSITION				
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: $	☐ PER HOUR	☐ WEEK ☐ MONTH	HOURS PER WEEK

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE CONCERNING YOUR QUALIFICATIONS FOR THIS POSITION.

I HEREBY CERTIFY THAT ALLSTATEMENTS MADE IN THIS APPLICATON ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEVE I UNDERSTAND THAT FALSE STATEMENTS ARE CAUSE FOR REJECTION OF APPLICATION. REMOIAL OF NAME FROM ELIGIBLE LIST OR DISMISSAL FROM POSITION. (TOWN OF FAIRFAX MUNICIPAL CODE CHAPTER 2.56)

SIGNATURE OF APPLICANT	DATE SIGNED

IN ORDER TO COMPLY WITH FEDERAL REGULATIONS IN THE AREA OF EQUAL EMPLOYMENT OPPORTUNITY, TOWN OF FAIRFAX REQUESTS THAT APPLICANTS PROVIDE THE FOLLOWING INFORMATION. THIS IS VOLUNTARY. THE INFORMATION WILL BE TREATED CONFIDENTIALLY AND WILL NOT RESULT IN ADVERSE TREATMENT OF ANY INDIVIDUAL. THIS INFORMATION MAY BE PROVIDED TO STATE AND FEDERAL REGULATORY AGENCIES.

POSITION APPLYING FOR:	JOB BULLETIN NO.:	DATE: / /
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	CITY, STATE/ZIP CODE: , /	
SOCIAL SECURITY NO: - -	SEX:	AGE:

ETHNIC BACKGROUND (see below for definitions)
- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ Asian or Pacific Islander
- ☐ American Indian
- ☐ Other

HIGH SCHOOL EDUCATION (check the highest grade completed):
☐ 1　☐ 2　☐ 3　☐ 4　☐ 5　☐ 6　☐ 7　☐ 8　☐ 9　☐ 10　☐ 11　☐ 12

COLLEGE EDUCATION (check appropriate number):
☐ 1　☐ 2　☐ 3　☐ 4　☐ 5　☐ 6　☐ 7　☐ 8
☐ AA　☐ BA/BS　☐ MA/MS　☐ Ph.D.

PLEASE TAKE A FEW MOMENTS TO ANSWER THE FOLLOWING QUESTION. YOUR RESPONSE WILL HELP US ASSESS HOW EFFECTIVE OUR RECRUITMENT EFFORTS WERE FOR THIS POSITION. <u>HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY</u>?

- ☐ GOVJOBS.COM
- ☐ Friend/Relative
- ☐ City Employee
- ☐ Community Center
- ☐ City Website
- ☐ Other Website
- ☐ TV (List station)
- ☐ Radio (List station)
- ☐ Newspaper (List publication)
- ☐ Magazine (List publication)
- ☐ Job Fair (List fair)
- ☐ Other Source(s) (List source)

ETHNIC/RACIAL DEFINITIONS ARE THOSE PRESCRIBED BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (SEE U.S.C., TITLE 29, CHAPTER XIV, SUBPART 1, SECTION 1602.30).

1. The Category "White" (not of Hispanic origin): all persons having origins in any of the original people of Europe, North Africa or the Middle East.
2. The Category "Black" (not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.
3. The Category "Hispanic": all persons of Mexican, Puerto Rican, Cuban, Central or South American, OT other Spanish culture of origin, regardless of race.
4. The Category "Asian or Pacific Islanders": all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or
5. The Category "Pacific Islands": this area Includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
6. The Category "American Indian or Alaskan Native": all persons having origins in any of the original peoples of North America, and who maintain cultural identification through affiliation or community recognition.