



An Equal Opportunity Employer

CITY OF ANTIOCH

Recreation Department

Employment Application

Human Resources Department
P.O. Box 5007
Third & "H" Streets
Antioch, CA 94531-5007
(925) 779-7020
Visit our website at:
www.ci.antioch.ca.us

PLEASE TYPE OR PRINT IN INK

Incomplete or illegible applications may be rejected. All statements are subject to verification. Incorrect statements could result in loss of employment rights or a job.

Office Use Only

- Accepted
 Rejected

Position applying for _____

Name

Last

First

Middle

Mailing

Number

Street

City

State

Zip

Home Phone () _____

Cell Phone () _____

Email Address _____ Driver's License No. _____

Are you a citizen of the United States? Yes No

If not, do you have a work permit from the U.S. Immigration and Naturalization Service? Yes No Permit No. _____ (Proof required)

Are you related to any current City of Antioch employee? Yes No If yes, who?

Are you at least 18 years of age? Yes No If no, can you submit after employment, a work permit? Yes No

List any other names under which your work or education records may be filed:

Have you ever been convicted for a violation of the law, excluding minor traffic violations? Yes No

For each offense, please list: the violation; the court (including military); the place and date of conviction; the penalty (fine, sentence, date(s) of probation), and the name under which convicted. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Code Sections 11357(b or c), 11360(b), 11364, 1365, and 11550 as it relates to marijuana. Each case will be given individual consideration.

Failure to list all convictions other than those excluded above will be considered fraud in securing appointment and will be grounds for termination.

Note that conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense

If yes, please list information requested above: _____

EDUCATION & TRAINING

Circle Highest Grade Completed 8 9 10 11 12 G.E.D. College 1 2 3 4 Grad Work? Yes No

Colleges or Universities attended	Location	From	To	Units Completed		Degree	Year
				Sem.	Qtr.		

SPECIAL QUALIFICATIONS - List licenses, certificates and/or registrations required for this job.

<u>TITLE</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>	<u>NUMBER</u>

Continued on Reverse

EMPLOYMENT RECORD

Begin with present or most recent position. List work record for past ten (10) years, and include any other pertinent experience.
THIS SECTION MUST BE COMPLETED. A resume may be attached, but does not substitute for completing this section.

FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Salary:	Reason for leaving:
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Salary:	Reason for leaving:
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Salary:	Reason for leaving:
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Salary:	Reason for leaving:
Do you have a current C.P.R. card?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current RED CROSS FIRST AID CARD?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current WATER SAFETY INSTRUCTION CARD?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current LIFE SAVING CERTIFICATE?			Yes <input type="checkbox"/> No <input type="checkbox"/>

May we contact your present employer? Yes No

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the City of Antioch are true and correct. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my rights to employment by the City of Antioch. I understand that employment is contingent upon my provision of written verification of my identity and legal right to work in the United States.

SIGNATURE _____ DATE _____

