



**CITY OF GROVER BEACH  
APPLICATION FOR EMPLOYMENT  
154 SOUTH EIGHTH STREET  
GROVER BEACH, CA 93433  
HUMAN RESOURCES (805) 473-4564**

**This portion of the application is not available to an interview board.**

The City of Grover Beach 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, sexual orientation, veteran status, mental, or physical disability. All job offers are subject to verification.

CITY JOB TITLE (position applied for)

SOCIAL SECURITY NUMBER	PREFERRED CONTACT METHOD
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NAME: LAST	FIRST	MIDDLE
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PRESENT MAILING ADDRESS: NUMBER	STREET	APT	TELEPHONE - AREA + NUMBER
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CITY	STATE	ZIP	EMAIL ADDRESS
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P.O. BOX NUMBER	CITY	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
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STATE	ZIP CODE	YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.
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CAN YOU, UPON HIRING, SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES?  
 YES  NO

NAME:

ARE YOU RELATED TO ANY CURRENT CITY OF GROVER BEACH EMPLOYEES? YES  NO

RESEARCH AND SPECIAL DATA. The City of Grover Beach is an Equal Employment Opportunity Employer. We request **voluntary** identification of your sex and ethnic/racial group and/or disability so that we can monitor the effectiveness of our Equal Employment Opportunity program. Completing the sections below will not affect your employment.

<p align="center"><b>VOLUNTARY</b></p> <p>SEX</p> <p><input type="checkbox"/> Male                      <input type="checkbox"/> Female</p> <p>ETHNIC GROUP/RACE</p> <p><input type="checkbox"/> Black                      <input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic                      <input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian                      <input type="checkbox"/> Filipino</p>	<p>Reasonable Accommodations:          City examinations may include written tests, interviews, physical abilities tests or other processes. Reasonable accommodations will be provided to applicants who need assistance to participate in the selection process. Please review the Examination section of the Job Flyer for the types of tests included in tests included in this examination.</p> <p>Do you need a reasonable accommodation to participate in the selection process?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?    Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>Are you willing to work:    <input type="checkbox"/> Full-time                      <input type="checkbox"/> Holidays &amp; Weekends  <input type="checkbox"/> Part-time                      <input type="checkbox"/> Nights</p>
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RECRUITMENT RESEARCH: Please indicate where you learned about this job. Check one  
 or write answer:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Newspaper Ad                         | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> City Job Flyer | <input type="checkbox"/> City Employee |
| <input type="checkbox"/> Job Fair                             | <input type="checkbox"/> City Web Site      | <input type="checkbox"/> Craigslist     | <input type="checkbox"/> CareerBuilder |
| <input type="checkbox"/> Internet- Please list website: _____ |   | <input type="checkbox"/> Other: _____   |  |

**CITY OF GROVER BEACH  
APPLICATION FOR EMPLOYMENT**

CITY OF GROVER BEACH  
Application for Employment

CANDIDATE NAME: \_\_\_\_\_

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

**EDUCATION**

HIGH SCHOOL EDUCATION:

DID YOU GRADUATE FROM HIGH SCHOOL OR PASS THE GED TEST?

YES  NO

NAME OF LAST HIGH SCHOOL ATTENDED:

CIRCLE THE HIGHEST GRADE LEVEL COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

**ADDITIONAL EDUCATION**

NAME AND LOCATION OF UNIVERSITIES, COLLEGES, OR TRADE SCHOOLS ATTENDED	Program Completed? Yes or No	UNITS COMPLETED		MAJOR, SUBJECT OR COURSE	TITLE OF DEGREE/CERTIFICATE RECEIVED
Name					
Address					
Name					
Address					
Name					
Address					
Name					
Address					
Name					
Address					

**PLEASE LIST ANY RELEVANT SKILL SUCH AS TYPING/KEYBOARDING WPM AND COMPUTER PROFICIENCY,  
AS WELL AS PROFESSIONAL LICENSES/CERTIFICATES YOU POSSESS.**

**PLEASE LIST ALL LANGUAGES THAT YOU SPEAK, READ, AND/OR WRITE OTHER THAN ENGLISH:**

## CITY OF GROVER BEACH APPLICATION FOR EMPLOYMENT

CANDIDATE NAME: \_\_\_\_\_

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

**WORK EXPERIENCE: Begin with your MOST RECENT JOB** - List all jobs regardless of duration, including any periods of unemployment during the last ten years. Also, list volunteer experience and military service. Attach additional sheets as necessary.

Have you ever been discharged or asked to resign from a position?      YES          NO   

If "YES", please explain:

DATES	EMPLOYERS	DUTIES
MONTH & YEAR	COMPANY NAME	YOUR TITLE
FROM	ADDRESS	DUTIES PERFORMED:
TO	CITY, STATE AND ZIP CODE	
SUPERVISORS NAME AND TITLE		
TELEPHONE NUMBER		
SALARY \$      /HOUR    \$      /MONTH		REASON FOR LEAVING      May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
MONTH & YEAR	COMPANY NAME	YOUR TITLE
FROM	ADDRESS	DUTIES PERFORMED:
TO	CITY, STATE AND ZIP CODE	
SUPERVISORS NAME AND TITLE		
TELEPHONE NUMBER		
SALARY \$      /HOUR    \$      /MONTH		REASON FOR LEAVING      May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
MONTH & YEAR	COMPANY NAME	YOUR TITLE
FROM	ADDRESS	DUTIES PERFORMED:
TO	CITY, STATE AND ZIP CODE	
SUPERVISORS NAME AND TITLE		
TELEPHONE NUMBER		
SALARY \$      /HOUR    \$      /MONTH		REASON FOR LEAVING      May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
MONTH & YEAR	COMPANY NAME	YOUR TITLE
FROM	ADDRESS	DUTIES PERFORMED:
TO	CITY, STATE AND ZIP CODE	
SUPERVISORS NAME AND TITLE		
TELEPHONE NUMBER		
SALARY \$      /HOUR    \$      /MONTH		REASON FOR LEAVING      May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>

**READ CAREFULLY BEFORE SIGNING:** *I have read and understand all the information contained in this application. I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I authorize the release of information concerning my qualifications, character, or prior education and employment records to the City of Grover Beach through inquiries to appropriate sources. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law.*

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_