



# City of Newark

37101 Newark Boulevard, 4th Floor  
Newark, CA 94560-3796

## EMPLOYMENT APPLICATION

Date Received:  Accepted  Rejected

Rejection for:  Experience  Req. DL  Late Application  Incomplete Application  Education  Certification  Supplemental  Other:

Answer all questions completely and accurately. Print in ink or use a typewriter. Attach additional sheets if necessary. Incomplete applications may result in delay or disqualification.

<b>POSITION APPLYING FOR</b>	Date
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<b>APPLICANT INFORMATION</b>				
NAME (Mr. / Ms. / Mrs.) (Last)	(First)	(Middle)	HOME PHONE #	
ADDRESS (Street, Apt. #)	(City)	(State)	(Zip)	BUSINESS PHONE #
OTHER NAMES UNDER WHICH YOU HAVE WORKED				CELL or ALTERNATE PHONE #
SOCIAL SECURITY #	EMAIL ADDRESS		HAVE YOU REACHED THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	

<p>The City is committed to employ only U.S. Citizens and Legal Aliens authorized to work in the United States. If employed, you will be required to submit verification of your legal right to work in the U.S. as referenced by the Immigration Reform Act of 1986. Are you a citizen of the United States or do you have a legal right to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Have you ever been convicted (including a Plea of Guilty or No Contest which resulted in a criminal conviction?) of a crime?  YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(Exclude Misdemeanor Convictions for Marijuana-related offenses more than two years old; You should not disclose convictions that are over two years old as of the date that you complete this application for violation of Health &amp; Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.)</p> <p>If yes, list all convictions on an attached sheet. Include offense, date, place of conviction, and legal disposition of the case(s). The City will not deny employment to any applicant solely because the person has been convicted of a crime. The City, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position. Please be advised that misrepresentation of your conviction history will result in termination or refusal of employment.</p>
<p>Have you been discharged, forced to resign, or rejected during a probationary period from any employment within the last 10 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list on an attached sheet. Include the name of employer, dates of employment, and reason for discharge, forced resignation, or rejection during probationary period. A Yes answer does not necessarily disqualify you from employment. Each case is given individual consideration based upon job relatedness.</p>	
<p>Do you have any relative currently employed by the City of Newark? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, give name and relationship:</p>	

<b>DRIVER'S LICENSE</b>	Do you possess a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>	If your license is from out of state, please be advised that CA DMV requires you to get a California driver license within 10 days of taking a job or becoming a resident in California.
Issuing State	Driver's License #	
	Class (Standard is C)	Expiration Date

<b>EDUCATION</b>	Do you possess a High School Diploma or G.E.D Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>	CURRENTLY ENROLLED <input type="checkbox"/>	School Name:
College, Universities, Vocational, Technical Schools Attended	City / State	Course of Study / Major	Degree or Certificate
			Units Completed Semester      Quarter

<b>CERTIFICATIONS, PROFESSIONAL REGISTRATIONS OR LICENSES</b>		
TYPE	NUMBER	EXPIRATION DATE
PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS (You may omit associations which indicate race, religious creed, origin, ancestry, gender or age)		
If applicable to the position for which you are applying, indicate other special training, skills, or languages. You may include typing speed, software applications, equipment used, etc.		

### EQUAL OPPORTUNITY EMPLOYER

Human Resources Department: 510-578-4267 • Fax: 510-578-4259 • Email: HR@newark.org • www.newark.org

## EMPLOYMENT HISTORY

The following section must be filled out completely, accurately and without omissions. Begin with your most recent position and account for all experience within the past 10 years, whether related to the position you are applying for or not. Non-paid (volunteer) experience and experience beyond 10 years may be included if job-related. List each promotion or position separately.

You may submit a resume or other supporting documentation if you wish, but that does not substitute for completion of this section. Do not write "see resume" in the "Description of Duties/Responsibilities" box. Failure to follow these instructions may disqualify you from consideration for the position.

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES					
REASON FOR LEAVING					

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES					
REASON FOR LEAVING					

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES					
REASON FOR LEAVING					

**EMPLOYMENT HISTORY CONTINUED**

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES					
REASON FOR LEAVING					

EMPLOYED FROM (Month/Year)	EMPLOYED TO (Month/Year)	TOTAL YRS/MONTHS	HOURS PER WEEK	BEGINNING SALARY	ENDING SALARY
NAME OF EMPLOYER			PHONE NUMBER	TYPE OF BUSINESS	JOB TITLE or OCCUPATION
ADDRESS OF EMPLOYER					# PEOPLE YOU SUPERVISED
SUPERVISOR'S NAME & TITLE				PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES / RESPONSIBILITIES					
REASON FOR LEAVING					

**AGREEMENT - READ CAREFULLY BEFORE SIGNING**

I hereby certify that all statements made in this application are true, complete and without omission. I authorize investigation of all matters represented by this application. I agree and understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Newark no matter when said misstatement or omission is discovered or comes to light. I agree to furnish such proof of age, citizenship, licenses, education, or other representations made in this application as may be requested.

I agree to undergo a physical examination by a City contracted physician, if required for this position, if a job offer is made and understand that employment is contingent upon the ability to complete the City's physical job requirements. I agree to pre-employment testing for the presence of drugs and alcohol, if required. I further agree to be fingerprinted and agree to on-going updates pursuant to the Subsequent Arrest Notice program from the Department of Justice.

I understand that all offers of employment are conditioned upon satisfactory proof of identity and legal ability to work in the United States and that the City of Newark is legally required by the Federal Government to hire only U.S. Citizens and aliens lawfully authorized to work in the United States.

I also authorize employers, schools or persons from employers listed in this application to give any information regarding my employment, qualifications and character. I hereby release said employers, schools, persons and the City of Newark from any liability or damages for receiving, using or releasing information.

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

The City of Newark will provide reasonable accommodation for qualified individuals with disabilities. To request an accommodation, please contact the Human Resources Department at 510-578-4267.

*Return completed application to:  
Human Resources Department, City of Newark, 37101 Newark Blvd, 4th Floor, Newark, CA 94560*





# City of Newark

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## VOLUNTARY DISCLOSURE

### Applicant Please Complete

The City of Newark is an Equal Opportunity Employer. In accordance with Section 1233 and 12940 of the State Government Code, the information requested below will be used for statistical purposes only. It will enable the Human Resources Department to more effectively evaluate the recruitment process and to determine if there is any adverse impact in the selection process under all applicable Equal Opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the Human Resources Department. Your application will be processed whether or not you complete this form. Thank you for your assistance.

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

**GENDER:**

MALE

FEMALE

**ETHNIC BACKGROUND:** Check **one** box. Persons of mixed origins should classify themselves according to the ethnic background with which they identify.

AMERICAN INDIAN or  
ALASKAN NATIVE

This category includes persons having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

ASIAN or  
PACIFIC ISLANDER

This category includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands, or Samoa.

BLACK

This category includes persons having origins in any of the Black racial groups of Africa, Jamaica, Trinidad, or the West Indies.

HISPANIC

This category includes persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.

WHITE

This category includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**RECRUITMENT SURVEY:** Please indicate where you learned of this job vacancy. Check as many boxes as apply:

City of Newark Employee

Internet Site: \_\_\_\_\_

City of Newark Telephone Job Hotline

Job flyer posted at another agency

City of Newark Website

Newspaper: \_\_\_\_\_

College Placement Service

Professional Journal or Publication

Friend / Relative

State Employment Office (EDD)

Interest Card Received

Other: \_\_\_\_\_

*Thank you for your interest in employment with the City of Newark.*

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