



**City of Saratoga**

City Hall  
 13777 Fruitvale Avenue  
 Saratoga, California 95070  
 (408) 868-1200  
 www.saratoga.ca.us

**PLEASE NOTE:**

1. A separate application is required for each position.
2. Use typewriter or print in ink. Incomplete or illegible applications will not be considered.
3. Keep the Human Resources Office informed of any change of address.

**POSITION**

Position applied for \_\_\_\_\_

How did you learn of the position for which you are applying? \_\_\_\_\_

**PERSONAL**

Full Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City & State Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

SS No. \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Have you any relatives working for the City of Saratoga? \_\_\_\_\_ If yes, give name and relation \_\_\_\_\_

**EDUCATION**

Circle highest grade completed 7 8 9 10 11 12 School Name: \_\_\_\_\_ College 1 2 3 4 Graduate Work 1 2 +

College, University, Trade School	Major or Course of Study	Units Completed Sem. / Qtr.	Degrees Completed	Date
-----------------------------------	--------------------------	--------------------------------	----------------------	------

\_\_\_\_\_  
 \_\_\_\_\_

**BACKGROUND**

Can you submit proof of eligibility to work in the United States after an offer of employment has been made?  Yes  No

Have you ever been convicted of a misdemeanor or felony?  Yes  No

NOTE: Conviction may not disqualify you. Backgrounds are reviewed in relation to job requirements. Each case is considered individually.

If yes, please explain. \_\_\_\_\_

Do you possess a valid California Driver's License?  Yes  No

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class \_\_\_\_\_ List any moving violation received in the last 5 years.

\_\_\_\_\_  
 \_\_\_\_\_

# QUALIFICATIONS

List skills / qualifications relevant to the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

Computer software proficiency: \_\_\_\_\_ Net WPM: \_\_\_\_\_

List licenses, certificates and / or registrations which are related to the position for which you are applying.

Title	Date Issued	Expiration Date
_____	_____	_____
_____	_____	_____

List job-related organizations, clubs, professional societies or other associations to which you belong. You may omit those which indicate your race, religious creed, national origin, sex or age.

\_\_\_\_\_

# REFERENCES

List 3 persons who are willing to provide professional and / or character references for applicant.

Name	Address	Occupation	Phone
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT HISTORY

Starting with your present employer, please account for your work experience. Attach additional sheets if more space is needed. Please attach supplemental information you think might be useful. However, be sure to fill out the application fully. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

DATES EMPLOYED		Your job title or occupation: _____	Employer's name and address: _____ _____ _____
Month	Year		
From: /	To: /	Number of persons you supervised: _____	Phone: _____
Total months:	Hours per week:	Your supervisor's name and title: _____	
Salary beginning:	Salary ending:		

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

DATES EMPLOYED		Your job title or occupation: _____ Number of persons you supervised: _____ Your supervisor's name and title: _____	Employer's name and address: _____ _____ _____ Phone: _____
From:	To:		
Month Year	Month Year		
Total months:	Hours per week:		
Salary beginning:	Salary ending:		

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

DATES EMPLOYED		Your job title or occupation: _____ Number of persons you supervised: _____ Your supervisor's name and title: _____	Employer's name and address: _____ _____ _____ Phone: _____
From:	To:		
Month Year	Month Year		
Total months:	Hours per week:		
Salary beginning:	Salary ending:		

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

DATES EMPLOYED		Your job title or occupation: _____ Number of persons you supervised: _____ Your supervisor's name and title: _____	Employer's name and address: _____ _____ _____ Phone: _____
From:	To:		
Month Year	Month Year		
Total months:	Hours per week:		
Salary beginning:	Salary ending:		

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

**CERTIFICATION OF APPLICANT. (Read carefully before signing)**

I hereby certify that all statements made in this application are true and I authorize investigation and verification of all matters contained in this application. I understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Saratoga. I further agree to be fingerprinted, to submit to a pre-employment examination, and to furnish such proof of age and eligibility to work in USA and a DMV record as may be required.

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