

CITY OF BERKELEY
EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

Return To:
Human Resources Dept.
 2180 Milvia Street (1st fl.)
 Berkeley, CA 94704
 Attn: Exam Unit

Phone #'s:
 Phone: (510) 981-6800
 Job Hotline: (510) 981-6888
 TTY: (510) 981-6830
 To apply online go to:
 www.CityofBerkeley.info/hr



Print legibly in ink or use a typewriter. Attach your responses to the supplemental questionnaire if required in the job announcement, and **make a copy for your records.**

JOB TITLE APPLYING FOR:			MONTH & DAY OF BIRTH* (do not include year): MM <input type="text"/> <input type="text"/> DD		
NAME: First Name <input type="text"/> Middle Initial <input type="text"/> Last Name <input type="text"/>			*DOB is used for applicant tracking instead of a SSN# Former Last Name (if applicable, list only one) <input type="text"/>		
ADDRESS: Street <input type="text"/>		Apt # <input type="text"/>	City <input type="text"/>		State <input type="text"/> Zip Code <input type="text"/>
HOME / PRIMARY PHONE: <input type="text"/>			ALTERNATE PHONE: <input type="text"/>		
E-MAIL ADDRESS <input type="text"/>			DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
How do you wish to be contacted about this info? <input type="checkbox"/> E-Mail <input type="checkbox"/> U.S. Mail			State <input type="text"/> DL# <input type="text"/>		
Can you demonstrate the legal right to work in the U.S. upon employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPES OF WORK ACCEPTABLE: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Intermittent / On-call		CONTINUOUS ELIGIBILITY is a test waiver provision <u>only for City of Berkeley employees</u> who have previously passed the same test. Are you requesting the waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REQUIRED GENERAL QUESTIONS			Were you previously employed by the City of Berkeley? <input type="checkbox"/> Yes <input type="checkbox"/> No ◀ If yes, under what name? <input type="text"/>		
Are you currently a career City of Berkeley employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			◀ If yes, list name, relationship and City dept where relative/s are employed: <input type="text"/>		
RELATIVES: Do you have any relative(s) currently working for the City of Berkeley? Relatives include: spouse • parent • child • sibling • grandparent • aunt/uncle • niece/nephew • in-law • step-relatives • dependents • domestic partner: <input type="checkbox"/> Yes <input type="checkbox"/> No			VETERANS who have separated from active military duty within the last 5 years may be entitled to Veteran's Preference Points. Attach a copy of your discharge papers (DD214) if you wish consideration. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been discharged or forced to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No ◀ If yes, explain on separate sheet of paper.			OTHER SPECIAL SKILLS (please list): <input type="text"/>		
FOREIGN LANGUAGE FLUENCIES (please list): <input type="text"/>					
EDUCATION / TRAINING:					
Grade / Degree(s) completed ▶ 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED <input type="checkbox"/> AA/S BA/BS MA/MS PhD JD MD <input type="checkbox"/> <input type="checkbox"/>					
College, University, Trade or Other School(s) NAME CITY / STATE		Major		Completed # of Units Semester Quarter Month / Year Completed	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name of High School			City / State		
<input type="text"/>			<input type="text"/>		
Relevant licenses, certificates, or training: <input type="text"/>					

VOLUNTARY QUESTIONNAIRE

Please complete both parts of this form and submit it with your application. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Employment Opportunity policy and recruitment efforts. The completed form is confidential, will be separated from your application, and will not be used for employment consideration.

Please indicate gender: Male Female

Please indicate the racial / ethnic category which you most closely identify with below (please **check only one category**).

- WHITE** (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central / South American, or other Spanish culture or origin, regardless of race.
- ASIAN / PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
- AMERICAN INDIAN / ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with
- OTHER / MULTI-RACIAL:** Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins.

NOT TO BE USED FOR APPLICATION

↳ Please indicate where you first learned about this job opening ↴

CITY OF BERKELEY RELATED

OTHER SOURCE

- City web-site
- Human Resources walk-in
- Berkeley Matters* newsletter
- City job-hotline
- City employee
- Direct mailer

- INTERNET** (list site) _____
- SPECIAL PUBLICATION** (list name) _____
- NEWSPAPER** (list name) _____
- OTHER** (specify) _____

EXPERIENCE: You must complete this section as resumes **ARE NOT** accepted as a substitute. List your most recent experience first and work backwards. Experience may be paid, volunteer, full-time, part-time, military, or internship(s). Part-time experience is prorated toward requirements. **A resume may be attached as additional information. Attach additional sheets if necessary.**

TITLE:	EMPLOYER'S NAME, ADDRESS & PHONE #:	DUTIES:
▼ MONTH DAY & YR ▼		
FROM:		
TO:		
# HRS. per WEEK:	SUPVR's NAME:	
# of PEOPLE SUPVSD:	SUPVR's TITLE:	REASON FOR LEAVING:
MONTHLY SALARY:	SUPVR's PHONE #:	

TITLE:	EMPLOYER'S NAME, ADDRESS & PHONE #:	DUTIES:
▼ MONTH DAY & YR ▼		
FROM:		
TO:		
# HRS. per WEEK:	SUPVR's NAME:	
# of PEOPLE SUPVSD:	SUPVR's TITLE:	REASON FOR LEAVING:
MONTHLY SALARY:	SUPVR's PHONE #:	

TITLE:	EMPLOYER'S NAME, ADDRESS & PHONE #:	DUTIES:
▼ MONTH DAY & YR ▼		
FROM:		
TO:		
# HRS. per WEEK:	SUPVR's NAME:	
# of PEOPLE SUPVSD:	SUPVR's TITLE:	REASON FOR LEAVING:
MONTHLY SALARY:	SUPVR's PHONE #:	

TITLE:	EMPLOYER'S NAME, ADDRESS & PHONE #:	DUTIES:
▼ MONTH DAY & YR ▼		
FROM:		
TO:		
# HRS. per WEEK:	SUPVR's NAME:	
# of PEOPLE SUPVSD:	SUPVR's TITLE:	REASON FOR LEAVING:
MONTHLY SALARY:	SUPVR's PHONE #:	

May we contact the employers listed above? Yes No (If no, indicate which employer(s) you do not wish us to contact)

I CERTIFY that all statements in this application are true and complete. I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the City of Berkeley. I understand that reference and, depending on the position, complete background checks may be conducted. I understand that if I do not meet the announced requirements, I will be eliminated from the examination process. I understand that applications must be received in the City Human Resources Department by the final filing date (5 P.M.) as specified on the Job Announcement. **I also understand that as a City employee, I will be required to provide services as a Disaster Service Worker in the event of an emergency / disaster. At time of hire, City employees must meet the documentation requirements of the immigration reform and control act of 1986.**

If you have a qualified disability and require accommodation during the testing process, please call Human Resources at (510) 981-6800 by the final filing date.

SIGNATURE _____ **DATE** _____
 (Required for application to be complete)