Application for Employment

Town of Colma

1198 El Camino Real
Colma, CA 94014
☎ (650) 997-8300 Fax (650) 997-8308
www.colma.ca.gov

Department Use Only	
Date Received	_____
Accept	_____
Late	_____
No	_____
Interview Date	_____

Please type or print with blue or black ink.

Position Applied For _____ Date of Application ____/____/____

Name _____ Social Security # ____-____-____
First Middle Last

Address _____
Number and Street Apt. City State Zip

E-mail _____ Telephone (____)____-____ Other Phone (____)____-____

Are you 18 years or older? Yes ☐ No ☐ Date of Birth ____/____/____
(Police Applicants Only)

Have you ever been convicted of any violations of the Law, excluding traffic violations and Health and Safety Code sections 11357, 11360, 11364, 11365 or 11550 related to marijuana prior to 01/01/1976? A conviction is not necessarily a bar to employment. Each case will be given individual consideration, based on relevance to the position. Yes ☐ No ☐

If yes, explain. _____

Has your Driver License ever been suspended or revoked? Yes ☐ No ☐

If yes, explain. _____

Driver License No. _____ State _____ Expiration Date _____

Were you ever discharged or forced to resign from any position? Yes ☐ No ☐

If yes, explain. _____

Have you ever worked for the Town of Colma? Yes ☐ No ☐

Dates _____ Department _____

Are you related to any person employed by the Town of Colma? Yes ☐ No ☐

Name _____ Relationship _____ Dept./Position _____

EDUCATION & TRAINING

High School Graduate? Yes ☐ No ☐ High School Equivalency? Yes ☐ No ☐		If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12		
	Name and Location	Major Subjects	Degree/Certificates	Date Received
High School				
College or University				
Graduate School				
Vocational or Special Training				
Professional License or Certificate (If applicable)		Certificate No.	Date Issued	Date Expires

OTHER JOB RELATED SKILLS

Typing Speed		Computer Programs	
Languages Spoken/Written		Other	

EMPLOYMENT HISTORY

Starting with the present or most recent experience, provide the following information for all employment during the past 10 years. You may attach a resume or a supplemental sheet, but this section must be completed. Include volunteer employment, if applicable.

May we contact the employers listed below? Yes ☐ **No** ☐ (If no, indicate which employer(s) not to contact.)

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START $ _____ FINAL $_____	HOURS PER WEEK		
REASON FOR LEAVING			

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
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REASON FOR LEAVING			

CERTIFICATION OF APPLICANT (Carefully read before signing): I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or dismissal from employment. I agree to conform to the rules and regulations of the Town of Colma. I consent to inquiries regarding my past employment. I further understand that I may be fingerprinted, required to submit to a complete medical and/or psychological examination, and to furnish such proof of eligibility to work in the United States and education as may be requested, or otherwise investigated prior to appointment. I release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information.
DISABLED APPLICANTS: The Human Resources Office may have resources to assist you in the exam process. If you have special needs, please call 650.997.8300. EOE

Signature _____ Date _____/_____/_____