



City of Marina

HUMAN RESOURCES DEPARTMENT
211 HILLCREST AVENUE
MARINA, CA 93933
PHONE: 831-884-1283
www.cityofmarina.org

For Office Use Only

Date Received: _____
Accepted _____
Not Accepted _____
Initials: _____

- Complete and sign the application, mail or drop off to the address above. Applications which are not signed will not be accepted. **NO EXCEPTIONS.**
- Check the job announcement to see if a resume, a supplemental questionnaire or certificate is required. All required documents must be submitted prior to the application deadline date. No exceptions.
- Notify the Human Resources Department, in writing, one week prior to the application deadline date, if you require reasonable accommodation in the testing process.
- If you have difficulty completing this application, please contact the Human Resources Department.

Position for which you are applying (A separate application is required for each position)

Position Title: _____

Personal Information (Please notify us of any change of address, phone number or email)

Last Name: _____ First Name: _____

Street Address: _____ Apt. No: _____

City _____ State: _____ Zip Code: _____

Day Phone: () Evening Phone: () Cell or Alternate Phone: ()

Email Address: _____ May we use this as primary form of contact? Yes No

Do you currently possess a valid CA Driver's License? Yes No Issuing State (if not CA): _____

License Number: _____ Exp. Date: _____ Class: _____

If hired, can you provide evidence of your legal right to work in the USA? Yes No

Do you have any relatives employed by the City of Marina? Yes No

Have you ever previously applied for work with, or been employed by, the City of Marina? Yes No

If yes, identify and position _____

The City of Marina complies with the Fair Employment and Housing Act (FEHA) and all other disability laws. We will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions, unless accommodation would cause undue hardship.

Can you perform the essential functions of the job for which you are applying, either with or without accommodations?

Yes No If no, please describe the essential functions which you cannot perform: _____

POLICE APPLICANTS ONLY

United States Citizen or have applied for US Citizenship by the time of application Yes No

20.5 years of age by date of the first examination (oral interview) Yes No

Have you attended or are you attending a law enforcement academy or training program? Yes No

Education & Training

Name of High School: _____ Location: _____ Did you graduate? Yes No

College/University Name: _____ Location: _____ Major _____ Degree Yes No

Trade or Business School: (attach certificates) _____

Certificates & Licenses (Attach additional pages, if needed)

Name of License(s)	Certificate Number	State	Expiration Date

Name of Applicant:

Position Applying To:

Additional Skills (Attach additional pages, if needed)

Software Applications Skills:

Do you have any foreign language skills, which may be applicable to the position for which you are applying?

Yes No If yes, indicate what language and your abilities below.

Language Speak Read Write Translate
Language Speak Read Write Translate

Requesting Veteran's Preference Yes No

If you are requesting Veteran's Preference, submit your DD214 prior to the application deadline date.

Employment History

List your most recent experience first and account for all experience during the last 10 years including U.S. Military and/or volunteer experience. List each change in title or promotion separately. Attach additional pages if needed. You may attach your resume or job-related certificates. **A resume is not a substitute for completing this section of the application.**

Current/Most Recent Employer: Job Title:
Supervisor's Name: Supervisor's Phone ()
Street Address: City State/Zip:
From (Mo./Yr.): To (Mo./Yr.) Hours per week
Duties Performed:

Reason for Leaving:

Name of Employer: Job Title:
Supervisor's Name: Supervisor's Phone ()
Street Address: City State/Zip:
From (Mo./Yr.): To (Mo./Yr.) Hours per week
Duties Performed:

Reason for Leaving:

Name of Employer: Job Title:
Supervisor's Name: Supervisor's Phone ()
Street Address: City State/Zip:
From (Mo./Yr.): To (Mo./Yr.) Hours per week
Duties Performed:

Reason for Leaving:

Name of Applicant:

Position Applying To:

Employment History (continued)

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone ()

Street Address:

City

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.)

Hours per week

Duties Performed:

Reason for Leaving:

Name of Employer:

Job Title:

Supervisor's Name:

Supervisor's Phone ()

Street Address:

City

State/Zip:

From (Mo./Yr.):

To (Mo./Yr.)

Hours per week

Duties Performed:

Reason for Leaving:

May we contact your present employer regarding your qualifications and work record? Yes No

May we contact your past employers regarding your qualifications and work record? Yes No

Have you ever been terminated, other than layoff, or forced to resign or rejected during probation from employment with in the last 10 years? Yes No If Yes, please give name of employer, dates of employment and reason below.

Agreement

Agreement of applicant: I certify that the statements in this application and accompanying materials are true, complete and correct to the best of my knowledge, and understand that misrepresentation or deliberate omission of fact may subject me to disqualification or dismissal. I agree to be fingerprinted, to sign an oath of office, and to furnish proof of education and citizenship or legal right to work in this country as may be required as a condition of employment. I further agree to submit to a complete medical examination and to a psychological test, depending on the requirements of the position for which I have applied. I release the City of Marina officials and all other parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason arising out of furnishing this information.

Signature: _____

Date:

Position Desired:

Date:

Employment Survey

OPTIONAL EEO DATA

Please respond to the following questions and submit this form with your application packet. The completed form is confidential and **will be detached from your application**. This information is voluntary and is gathered in accordance with State and Federal laws.

Check one: Female Male

Check one:

- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Tribal Affiliation: _____
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Caucasian/White - When not of Hispanic origin, all persons having origins in any of the original peoples of Europe, the Middle East or North America
- Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Recruitment Questionnaire

I first learned about this employment opportunity through:

- Web Search
 - The Employment page on the City's website
 - Another job page on the internet (specify website): _____
- Personal Contact
 - A City employee (specify employee name);
 - Friend or relative
 - The City of Marina Human Resources Department
- Print Advertisement
 - Jobs Available
 - Monterey Herald
 - Print advertisement (specify newspaper or magazine): _____
 - A publicly-posted brochure or flyer (specify where posted): _____
- Other
 - The City's Job Hotline
 - Job Fair (specify which job fair and the location): _____
 - Professional Conference: _____
 - Community Organization: _____
 - Other (specify): _____