



# CITY OF UNION CITY

34009 ALVARADO-NILES ROAD  
 UNION CITY, CALIFORNIA 94587  
 510-471-3232  
 URL: www.ci.union-city.ca.us

**EMPLOYMENT APPLICATION**  
 PRIOR TO HIRE, CANDIDATES MUST MEET THE DOCUMENTATIONS REQUIREMENTS OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

### FOR PERSONNEL USE ONLY

ACCEPTED  REJECTED

BY: \_\_\_\_\_ EXPERIENCE

DATE: \_\_\_\_\_ EDUCATION

NOTE: \_\_\_\_\_

1 - POSITION YOU ARE APPLYING FOR:

\_\_\_\_\_

2 - NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

3 - ADDRESS: \_\_\_\_\_

4 - CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

5 - HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

6 - EMAIL ADDRESS: \_\_\_\_\_

7 - Name any relatives who work for the City of Union City: \_\_\_\_\_

8 - If you are applying for the position of Police Officer, will you be 21 years of age by the time of appointment (within six months of the final filing date)? YES NO

9 - Have you ever been employed by the City of Union City? \_\_\_\_\_

10 - If you feel that you have any physical limitation that would require test accommodations, contact the Personnel Department at 510-471-3232.

11 - EDUCATION & TRAINING: Highest grade completed? \_\_\_\_\_ 13- DID YOU GRADUATE?  YES  NO 14 - If not, do you have a GED or California High School Proficiency Certificate? YES  NO

12 - HIGH SCHOOL LOCATION \_\_\_\_\_

15 - NAMES OF COLLEGES/UNIVERSITIES ATTENDED	Dates Attended	Course or Study/Major	Degree Awarded		Completed Semester / Quarter		Type of Degree	Date Degree Completed
			YES	NO	Units	Units		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

16 - OTHER RELEVANT COURSES AND TRAINING	NAME AND LOCATION OF INSTITUTION	Length of Course	Date Ended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17 - PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED	Serial No.	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

18 - Drivers License Number and State: \_\_\_\_\_ 19 - Skills, if Required for this Position: Typing Speed: \_\_\_\_\_ WPM  
 20 - List any Foreign Language in which you are fluent: \_\_\_\_\_ 21 - OTHER SKILLS: \_\_\_\_\_

22 - Give name and address of 3 persons who are familiar with your qualifications:

Name _____	Address _____	City _____	Phone _____
Name _____	Address _____	City _____	Phone _____
Name _____	Address _____	City _____	Phone _____

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_.

23- EMPLOYMENT HISTORY: List your work record for the last 10 years. Begin with your most recent experience. Include volunteer and U.S. Military Service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment period. If more space is needed, use a separate sheet prepared in the same form and attach securely.

FROM (month/year) _____ TO (month/year) _____  HOURS PER WK. _____ SALARY \$ _____	EMPLOYER (BUSINESS OR AGENCY NAME) _____  ADDRESS/CITY/STATE _____	TITLE OF PRESENT POSITION _____  NAME OF SUPERVISOR _____	NO. EMPLOYEES SUPERVISED BY YOU _____  SUPERVISORS PHONE NO. _____
REASON FOR LEAVING _____ _____ _____ _____	DUTIES _____ _____ _____ _____		
FROM (month/year) _____ TO (month/year) _____  HOURS PER WK. _____ SALARY \$ _____	EMPLOYER (BUSINESS OR AGENCY NAME) _____  ADDRESS/CITY/STATE _____	TITLE OF PRESENT POSITION _____  NAME OF SUPERVISOR _____	NO. EMPLOYEES SUPERVISED BY YOU _____  SUPERVISORS PHONE NO. _____
REASON FOR LEAVING _____ _____ _____ _____	DUTIES _____ _____ _____ _____		
FROM (month/year) _____ TO (month/year) _____  HOURS PER WK. _____ SALARY \$ _____	EMPLOYER (BUSINESS OR AGENCY NAME) _____  ADDRESS/CITY/STATE _____	TITLE OF PRESENT POSITION _____  NAME OF SUPERVISOR _____	NO. EMPLOYEES SUPERVISED BY YOU _____  SUPERVISORS PHONE NO. _____
REASON FOR LEAVING _____ _____ _____ _____	DUTIES _____ _____ _____ _____		
FROM (month/year) _____ TO (month/year) _____  HOURS PER WK. _____ SALARY \$ _____	EMPLOYER (BUSINESS OR AGENCY NAME) _____  ADDRESS/CITY/STATE _____	TITLE OF PRESENT POSITION _____  NAME OF SUPERVISOR _____	NO. EMPLOYEES SUPERVISED BY YOU _____  SUPERVISORS PHONE NO. _____
REASON FOR LEAVING _____ _____ _____ _____	DUTIES _____ _____ _____ _____		

24 - Were you ever discharged or forced to resign from any position? YES NO If yes, explain: \_\_\_\_\_  
 25 - Inquiry may be made of your former employers or last school you attended regarding your performance record. May we contact your present employer YES NO

26 - CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true, and I agree and understand that misstatements or omissions of material facts herein may forfeit my right to any employment in the service of the City of Union City. X \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_.

WE NEED THE FOLLOWING INFORMATION TO COMPLY WITH FEDERAL EQUAL OPPORTUNITY REQUIREMENTS. INFORMATION WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES TO EVALUATE EQUAL OPPORTUNITY EFFORTS. THIS INFORMATION IS VOLUNTARY. IF YOU OBJECT, YOU NEED NOT COMPLETE THIS SECTION.

27 - Are you age 40 or over?  YES  NO DATE \_\_\_\_\_

28 - Are you  MALE  FEMALE

29 - ETHNIC ORIGIN (Please check one)

- White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black: All persons having origins in any of the Black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- Asian or Pacific Islander. All persons, except Filipino, 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, India, Japan, Korea, and Samoa.
- American Indian or 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.
- Filipino: Persons of Filipino ancestry or ethnic origin.

30 - HOW DID YOU LEARN ABOUT THE EMPLOYMENT OPPORTUNITY FOR WHICH YOU ARE APPLYING?

- Bulletin posted at City Hall
- City's Website ([www.ci.union-city.ca.us](http://www.ci.union-city.ca.us))
- Bulletin posted elsewhere (please specify)
- Other Website (please specify)
- Newspaper help wanted ad (please specify)
- Posting with a Minority Organization or Group (please specify)
- Radio Announcement
- Posting with a Women's Organization or Group (please specify)
- Television Announcement

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_.

## APPLICATION PROCEDURES

### 1. Please Complete the Entire Application

- a. The entire application must be completed along with supplemental questionnaires (if applicable to the position for which you are applying).
- b. You may attach a resume, but you must still completely fill out the application.

### 2. Print, Sign and Mail or Deliver your Application

- c. Print the completed application on your local printer.
- d. Please check that all sections have been completed.
- e. Check carefully for errors. If you find any, go back and correct them before reprinting your application.
- f. Affix your signature the application where required.
- g. If the position you are applying for requires that you include a resume or other supplemental materials, include them with the application when you deliver or mail it to the City.
- h. Mail or deliver your completed, signed application and supporting materials to:  
  
**City of Union City**  
Personnel Department  
34009 Alvarado-Niles Road  
Union City, CA 94587
- i. Applications must be received by 5:00 p.m. of the date posted on the job announcement to be accepted for review. Postmarks can not be accepted. We regret that late applications cannot be considered.
- j. Please notify the Personnel Department if your address changes.

### For Further Information

24-hour Job Hotline 510-471-3232 ext. 339

E-mail: [union-city@ci.union-city.ca.us](mailto:union-city@ci.union-city.ca.us)

URL: [www.ci.union-city.ca.us](http://www.ci.union-city.ca.us)

Union City Community & Recreation Services Department

**PERTINENT INFORMATION SHEET**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Cell: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Interested In	Participated In	Am Qualified to lead/teach		Interested In	Participated In	Am Qualified to lead/teach	
			Adult Sports				Martial Arts
			Arts and Crafts				Music / Singing
			Bicycle Repair / Bike Trips				Nature
			Ceramics & Pottery				Science
			Cooking				Sewing/Needlework
			Computers				Skateboarding / Rollerblading
			Creative or Industrial Arts				Sports Readiness & Skill Development
			Dancing – Children / Adults				Swimming
			Day Camp				Table Tennis & Badminton
			Drama				Teens
			Field Trips				Tennis
			Fitness & Training				Tiny Tots Program
			Games – Organized				Tutoring
			Golf				Youth Activities Program
			Health & Nutrition				Youth Sports

- AVAILABILITY:**
1. \_\_\_\_\_ School Year Only
  2. \_\_\_\_\_ Summer Only
  3. \_\_\_\_\_ All Year Round

**DAYS AVAILABLE: (circle & add hours)**

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

What date can you start work: \_\_\_\_\_

When do you plan to leave this job: \_\_\_\_\_

Do you possess a current certification for:

- First Aid Card: \_\_\_\_\_ No \_\_\_\_\_ Yes Expiration Date: \_\_\_\_\_
- Cardiopulmonary Resuscitation (CPR): \_\_\_\_\_ No \_\_\_\_\_ Yes Expiration Date: \_\_\_\_\_
- Life Guard Training: \_\_\_\_\_ No \_\_\_\_\_ Yes Expiration Date: \_\_\_\_\_
- Water Safety Instructor (WSI): \_\_\_\_\_ No \_\_\_\_\_ Yes Expiration Date: \_\_\_\_\_
- Automated External Defibrillator (AED): \_\_\_\_\_ No \_\_\_\_\_ Yes Expiration Date: \_\_\_\_\_
- Group Exercise or Personal Training: \_\_\_\_\_ No \_\_\_\_\_ Yes Expiration Date: \_\_\_\_\_

This position requires employees to be tested for Tuberculosis. Do you have a record available of a current negative TB Test (less than 6 months old)? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, are you willing to get one? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any other special certificates you possess: (Elementary Teaching Credential, etc.)

\_\_\_\_\_

List any hobbies and/or special talents:

\_\_\_\_\_

List all other paid and/or volunteer training or experience that you feel you would qualify you for the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_