

**CITY OF PISMO BEACH
EMPLOYMENT APPLICATION
TELEPHONE (805) 773-4657
JOB HOTLINE (805) 773-7455**



**CITY HALL
760 MATTIE ROAD
PISMO BEACH, CA 93449**

For current positions check our website at www.pismo-beach.org

Special assistance with the application and examination process is available, upon request, for persons with disabilities.

POSITION APPLIED FOR: _____
(Please fill out a separate application for each position.)

INSTRUCTIONS:

Read the job bulletin to determine if you meet the requirements. **Please type or print in ink.** Answer all questions completely and accurately. Include any additional information pertaining to your qualifications for the position. All information is subject to verification, including conviction records and former employers. Return this application by mail with original signature. The City of Pismo Beach is an Equal Opportunity Employer.

LAST NAME		FIRST NAME		MI		
ADDRESS				IF YOU ARE RELATED TO A CITY EMPLOYEE, GIVE NAME, RELATIONSHIP AND DEPARTMENT:		
CITY		STATE	ZIP		DRIVERS LICENSE NO:	
BUSINESS PHONE		HOME PHONE		SOCIAL SECURITY NUMBER		STATE: EXPIRATION:

Are you willing to work: Full Time Yes No Temporary Yes No Weekends & Holidays Yes No
Part Time Yes No Nights Yes No

EDUCATION AND TRAINING

Highest Grade Completed	Name and location of last grade or high school attended		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and location of Trade or Vocational Schools, Colleges, Universities, Apprentice or Training Programs attended.		Number of Units Semester Quarter	Major Subjects	Dates Attended	Degrees or Certificates

ADDITIONAL INFORMATION

Licenses and certificates (Professional or Vocational)	
Office Skills	Typing WPM
Field Skills (Tools, Equipment, Office Machines):	

CONVICTION AND TRAFFIC CITATION RECORD

Have you ever been convicted of a breach or violation of any ordinance or law; minor traffic violation in the last three years; or major traffic violation in the last 5 years? Yes No

If "Yes", to any, please give details below. Be specific, give name and code number of offense. Note: A criminal record does not constitute an automatic barrier to employment. Employability will depend upon the nature of the offense, the job in question, and the conduct of the applicant since the offense was committed. For more space, attach additional sheet.

Offence/Violation	Date	City and State	Sentence/Fine

EXPERIENCE

List all periods of employment and unemployment for the last ten years, including U.S. Military Service and employment with the City of Pismo Beach regardless of when they occurred. Start with present or most recent and work back. List separately different positions with the same employer and job related volunteer experience you may have had. **DO NOT SUBSTITUTE RESUME FOR THIS SECTION.** Please include on a supplemental sheet any information you think would be helpful to us in considering you for employment, such as resume, certificates, additional work experience, activities, accomplishments, etc.

FROM	TO	TITLE OF YOUR POSITION	WORK TELEPHONE NO.
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME AND TITLE OF YOUR SUPERVISOR			
REASON FOR LEAVING		NO. EMPLOYEES SUPERVISED	HOURS WORKED PER WEEK
		SALARY \$	WEEK <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>
FROM	TO	TITLE OF YOUR POSITION	WORK TELEPHONE NO.
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME AND TITLE OF YOUR SUPERVISOR			
REASON FOR LEAVING		NO. EMPLOYEES SUPERVISED	HOURS WORKED PER WEEK
		SALARY \$	WEEK <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>
FROM	TO	TITLE OF YOUR POSITION	WORK TELEPHONE NO.
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME AND TITLE OF YOUR SUPERVISOR			
REASON FOR LEAVING		NO. EMPLOYEES SUPERVISED	HOURS WORKED PER WEEK
		SALARY \$	WEEK <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>
FROM	TO	TITLE OF YOUR POSITION	WORK TELEPHONE NO.
NAME AND ADDRESS OF EMPLOYER		DUTIES OF YOUR POSITION	
NAME AND TITLE OF YOUR SUPERVISOR			
REASON FOR LEAVING		NO. EMPLOYEES SUPERVISED	HOURS WORKED PER WEEK
		SALARY \$	WEEK <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>

Were you ever discharged or asked to resign from a position? Yes No
 Would you object to your previous or current employer being contacted? Yes No

If "Yes" to either of the above please explain:

Please list three references unrelated to you.		
Name	Address	Telephone

Are you a Veteran of the U.S. Military? Yes No

Branch _____ Discharge Date _____

Before date of hire, applicant must pass a physical examination and may be required to submit proof of U.S. Citizenship or legal right to remain and work in the U.S.; submit proof of age; be finger printed.

I hereby certify that all statements in the application are true and complete and that any misstatement or omission of material facts may be subject me to disqualification or dismissal. I understand, also, that I am required by all rules and regulations of the City of Pismo Beach and the Department of which I am assigned.

Signature of Applicant _____ Date _____

