

Locations applying for (if applicable):

# CITY AND COUNTY OF SAN FRANCISCO EMPLOYMENT APPLICATION

REVISED 3/3/15

Submit Completed Application to the Address  
Indicated on the Job Announcement



**ANSWER ALL QUESTIONS - TYPE OR PRINT IN INK  
READ THE EXAMINATION ANNOUNCEMENT BEFORE COMPLETING THIS FORM**

|  |                                       |
|--|---------------------------------------|
| <b>FOR OFFICE USE ONLY</b>   |                                       |
| Analyst _____  | Date _____                            |
| <input type="checkbox"/> Qualified   |                                       |
| <input type="checkbox"/> Hold - must submit:                               |                                       |
| _____  |                                       |
| <input type="checkbox"/> Rejected for: <input type="checkbox"/> experience |                                       |
| <input type="checkbox"/> education   | <input type="checkbox"/> late filing  |
| <input type="checkbox"/> verification                                      | <input type="checkbox"/> other: _____ |
| _____  |                                       |

|                                    |                   |  |  |
|------------------------------------|-------------------|--|--|
| <b>Position I am applying for:</b> |                   | <b>Specialty (if required by announcement)</b> |  |
| <b>Class#</b>                      | <b>Title</b>      |  |  |
| <b>Last Name</b>                   | <b>First Name</b> | <b>Middle Initial</b>                          |  |
| <b>Street Address</b>              | <b>Apt. No.</b>   | <b>Home Telephone Number</b><br>( ) -          |  |
| <b>City</b>                        | <b>State</b>      | <b>Zip Code</b>                                | <b>Other Telephone Number</b><br>( ) - |
| <b>E-mail Address</b>              |                   |  |  |

**Social Security Number:** \_\_\_\_\_ **Other names(s) I have used:** \_\_\_\_\_

You may  may not  contact my present employer.

**I am currently, or have been previously, employed by the City and County of San Francisco:**  Yes  No

If yes, Class Number and Title: \_\_\_\_\_ Start Work Date in this class: \_\_\_\_\_

Department: \_\_\_\_\_ Unit or Division: \_\_\_\_\_

Employment Status:  Permanent Civil Service (from a list)  Temporary Civil Service (from a list)

Provisional (not from a list)  Exempt from Civil Service

Permanent Class Number if other than a class listed above: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Do you claim veteran's preference as an entrance applicant?  No  Yes (If yes, complete a Veteran's Preference application form and provide verification of eligibility.)

As part of the selection process an image of your fingerprints will be captured and sent to the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). The resulting report of your conviction history (if any) will be used to determine whether the nature of your conviction (or arrest, in limited circumstances) history will disqualify you as a candidate based on the specific requirements of the position to which you are applying. If selected for fingerprinting, the hiring department will contact you to schedule an appointment.

**I understand that the City and County of San Francisco will use my conviction (or arrest, in limited circumstances) history in considering my candidacy for a position:**

Yes  No

**CERTIFICATION OF APPLICANT (read carefully):** I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with the City and County of San Francisco. I hereby authorize all my employers and schools (unless otherwise noted) to release any and all information concerning me, including information of a confidential or privileged nature. I hereby release any and all employers from any liability or damage which may result from furnishing the information requested.

|             |                               |
|-------------|-------------------------------|
| <b>Date</b> | <b>Signature of Applicant</b> |
|-------------|-------------------------------|

Class No. applying for: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) (First) (M.I.)

The Department of Human Resources is legally allowed to gather this information. This information which is voluntary will not be used for employment decisions.  
Code: Circle the number that applies to you:

- 1. White (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 2. Black (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.
- 3. Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
- 4. Asian or Pacific Islander (except Filipino) - 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.
- 5. Filipino - Persons having origins in any of the original peoples of the Philippine Islands.
- 6. American Indian or Alaskan Native - Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

**LAST NAME**

**FIRST NAME**

**M.I.**

Check appropriate box if you possess one of the following:

High School Diploma

G.E.D. Certificate

California High School Proficiency Certificate

| COLLEGE BUSINESS/TRADE SCHOOLS; SPECIAL TRAINING:<br>NAME AND LOCATION | COURSE OF<br>STUDY/MAJOR | UNITS<br>COMPLETED | DATE DEGREE/<br>CERTIFICATE AWARDED | TYPE DEGREE/<br>CERTIFICATE |
|--|--------------------------|--------------------|-------------------------------------|-----------------------------|
|  |                          |                    |                                     |                             |
|  |                          |                    |                                     |                             |
|  |                          |                    |                                     |                             |

I can speak  read  write  the following language(s) besides English: \_\_\_\_\_

I have a Driver License  No  Yes-If yes, Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

If required for this job, list license, certificate and/or registration (for example, Registration Nurse License, Engineer's Certificate, etc.):

|              |                  |               |                    |                     |
|--------------|------------------|---------------|--------------------|---------------------|
| <u>Title</u> | <u>Issued By</u> | <u>Number</u> | <u>Date Issued</u> | <u>Date Expires</u> |
|--------------|------------------|---------------|--------------------|---------------------|

**EMPLOYMENT HISTORY - YOU MUST COMPLETE THIS SECTION.** Do not attach a resume as a substitute. **Begin with your most recent experience, starting with your current job.** Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. **Attach additional sheets if you need more space to describe duties or list former employers.** Describe your duties as completely as possible. Incomplete information may cause a delay in processing your application. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately.

|                      |                             |                         |
|----------------------|-----------------------------|-------------------------|
| MO/YR<br>TO<br>MO/YR | EMPLOYER'S NAME AND ADDRESS | TITLE OF YOUR POSITION: |
| HOURS PER WEEK:      | DUTIES PERFORMED:           |                         |
| SALARY:              |                             |                         |
| REASON FOR LEAVING:  |                             |                         |
|                      |                             |                         |
| MO/YR<br>TO<br>MO/YR | EMPLOYER'S NAME AND ADDRESS | TITLE OF YOUR POSITION: |
| HOURS PER WEEK:      | DUTIES PERFORMED:           |                         |
| SALARY:              |                             |                         |
| REASON FOR LEAVING:  |                             |                         |
|                      |                             |                         |
| MO/YR<br>TO<br>MO/YR | EMPLOYER'S NAME AND ADDRESS | TITLE OF YOUR POSITION: |
| HOURS PER WEEK:      | DUTIES PERFORMED:           |                         |
| SALARY:              |                             |                         |
| REASON FOR LEAVING:  |                             |                         |
|                      |                             |                         |
| MO/YR<br>TO<br>MO/YR | EMPLOYER'S NAME AND ADDRESS | TITLE OF YOUR POSITION: |
| HOURS PER WEEK:      | DUTIES PERFORMED:           |                         |
| SALARY:              |                             |                         |
| REASON FOR LEAVING:  |                             |                         |
|                      |                             |                         |

**Recruitment Survey:** Your voluntary answers to this section will assist us in evaluating our recruitment efforts. How did you hear about this position? (Check box that applies.)

Bulletin Board – One South Van Ness

Bulletin Board – Other City Department

City Web Site/Internet

Newspaper Ad

Other, please indicate \_\_\_\_\_

City Phone Job Line

Notification/Courtesy Card

Trade/Professional Journal

Job Fair