

13. WORK EXPERIENCE: Begin with your current or most recent job. List all work history in the past ten years. Include military service, volunteer, or internship experience which may be relevant. A resume is not a substitute for completing this section of the application. Attach additional sheets if more space is needed.

_____ to _____ START DATE (MO/YR) END DATE (MO/YR)	_____ JOB TITLE
_____ EMPLOYER NAME	_____ DUTIES
_____ EMPLOYER ADDRESS	_____ _____
_____ SUPERVISOR NAME/TITLE	_____ _____
_____ REASON FOR LEAVING	_____ \$ _____ _____ <input type="checkbox"/> FULL TIME HOURS/WEEK MO. SALARY # SUPERVISED <input type="checkbox"/> PART TIME
_____ to _____ START DATE (MO/YR) END DATE (MO/YR)	_____ JOB TITLE
_____ EMPLOYER NAME	_____ DUTIES
_____ EMPLOYER ADDRESS	_____ _____
_____ SUPERVISOR NAME/TITLE	_____ _____
_____ REASON FOR LEAVING	_____ \$ _____ _____ <input type="checkbox"/> FULL TIME HOURS/WEEK MO. SALARY # SUPERVISED <input type="checkbox"/> PART TIME
_____ to _____ START DATE (MO/YR) END DATE (MO/YR)	_____ JOB TITLE
_____ EMPLOYER NAME	_____ DUTIES
_____ EMPLOYER ADDRESS	_____ _____
_____ SUPERVISOR NAME/TITLE	_____ _____
_____ REASON FOR LEAVING	_____ \$ _____ _____ <input type="checkbox"/> FULL TIME HOURS/WEEK MO. SALARY # SUPERVISED <input type="checkbox"/> PART TIME
14. ADDITIONAL INFORMATION:	
15. MAY WE CONTACT YOUR PRESENT AND/OR PAST EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I HEREBY CERTIFY that all statements made in this application are true and complete, and understand that any misstatements or omissions of material facts may subject me to disqualification or dismissal.

Signature: _____ Date: _____

SUBMIT COMPLETED APPLICATION TO:
CITY OF ALAMEDA - HUMAN RESOURCES DEPARTMENT
2263 SANTA CLARA AVENUE, ROOM 290, ALAMEDA, CA 94501
TEL (510) 747-4900 / TDD (510) 522-7538

• THE CITY OF ALAMEDA IS AN EQUAL OPPORTUNITY EMPLOYER •

ETHNIC, RACIAL, SEX AND DISABILITY INFORMATION: The following information is voluntary and is gathered for evaluation and statistical purposes only. This form will be separated from your application and will not be used in employment decisions. Thank you for your assistance.

• THE CITY OF ALAMEDA IS AN EQUAL OPPORTUNITY EMPLOYER •

NAME (Optional): _____ **POSITION:** _____

ETHNICITY:

- White
- Black or African American
- Asian
- Pacific Islander
- Spanish or Hispanic
- American Indian or Alaskan Native

DISABILITIES:

- None Speech
- Sight Other
- Hearing

GENDER

- Male Female

VETERAN:

- Disabled Veteran
- Vietnam Era Veteran
- Veteran of Other Campaign/Expedition

HOW DID YOU LEARN OF THIS POSITION OPENING?

- Human Resources Dept.
- City Employee
- City Job Bulletin
- City Website
- Job Fair
- Internet (specify) _____
- Newspaper Advertisement (specify) _____
- Specialized Publication (specify) _____
- Other (specify) _____