

APPLICATION FOR EMPLOYMENT

City of Merced Personnel Department Acceptance Policy

A detailed application form is necessary to insure an accurate evaluation. A resume may be submitted in addition to the completed City application form. ALL APPLICATIONS MUST BE COMPLETED EITHER IN INK OR TYPEWRITER.

Please keep in mind that ACCEPTANCE OF YOUR APPLICATION DEPENDS ON THE COMPLETENESS AND APPLICABILITY OF THE INFORMATION YOU PROVIDE.

The spaces in Item 5, "Applicable Experience", must be filled in completely. DO NOT MERELY ATTACH A RESUME WITH A NOTATION TO "SEE ATTACHED RESUME." Each space on the application form must be filled out in detail.

- A. Show your present job first (list all others in reverse order).
- B. Use a separate block for each job title (even those with the same employer).
- C. Show exact job title and specific duties that you performed.

We ask that you also complete the attached Voluntary City of Merced Employment Questionnaire. We request that you fill out this form completely, however, you are not required to indicate your age, ethnicity or sex. This questionnaire is needed to supply us with statistics required by Federal and State agencies and is for your protection as well as ours to insure that all applicants are treated fairly in the City of Merced's examination process.

Your interest in seeking employment with the City of Merced is appreciated.

SMOKING AND TOBACCO PRODUCT USE

The City of Merced declares a hiring policy, which disqualifies habitual users of tobacco products from eligibility for employment. Employees hired for any position shall not be permitted to habitually use any tobacco products. Your signature on the attached application indicates acknowledgement of this policy. Failure to follow this policy will lead to disciplinary action, up to and including dismissal.

APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE COMPLETED IN INK OR TYPEWRITTEN

1. Position _____
 applying for (Show exact title – Separate application required for each position.)

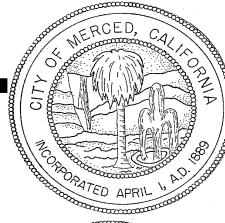
2. Name _____
 (PRINT) LAST NAME FIRST MIDDLE

3. Address _____
 No. and Street Apt. No.

 City and State Zip Code

Home Phone: _____
 Business Phone: _____

4. Drivers Lic. No. _____
 Expires _____



THE CITY OF
MERCED
 EQUAL OPPORTUNITY EMPLOYER

DEPARTMENT OF
 PERSONNEL
 678 W. 18TH STREET
 MERCED, CA 95340
 PHONE (209) 385-6837

APPLICATION ACCEPTANCE POLICY

A COMPLETE APPLICATION IS REQUIRED FOR EACH EXAM. EVERY APPLICABLE BLANK MUST BE FILLED TO INSURE PROPER EVALUATION. IN ITEM #5. DO NOT REFER TO RESUMES OR PREVIOUSLY SUBMITTED APPLICATIONS. RESUMES ARE VIEWED AS ADDITIONAL INFORMATION AND WILL NOT BE USED TO ASCERTAIN MINIMUM REQUIREMENTS.

DEPARTMENT USE ONLY

Received by _____
 Approved by _____ Rejected by _____
 Reason _____

NOTICES MAILED

Written _____ Performance _____ Oral _____
 Grade _____ List # _____

Applicants with Commercial Driver's License must attach additional sheet to application listing previous employers for the last 10 years including dates of employment and reason for leaving employment.

APPLICABLE EXPERIENCE

5. Experience – Be careful to include the following when filling in below spaces:
 A. Show your **present job first**.
 B. Use a separate block for each **job title** (even those with same employer)
 (1) Show all experience applicable to position.

(2) Please use **additional** sheets if necessary to describe job duties.
 (3) Keep in mind – your acceptance depends on the **completeness and applicability** of the information you show.
 (4) Show **exact** job Title and **specific** duties which **you** performed.

From Month Day Yr.	To Month Day Yr.	Your Present or Last Job Title: Your Duties:	Employer's Name, Address:
Salary:		Supervisor:	Reasons for Leaving:
From Month Day Yr.	To Month Day Yr.	Your Job Title: Your Duties:	Employer's Name, Address:
Salary:		Supervisor:	Reasons for Leaving:
From Month Day Yr.	To Month Day Yr.	Your Job Title: Your Duties:	Employer's Name, Address:
Salary:		Supervisor:	Reasons for Leaving:
From Month Day Yr.	To Month Day Yr.	Your Job Title: Your Duties:	Employer's Name, Address:
Salary:		Supervisor:	Reasons for Leaving:

(SEE REVERSE SIDE)

VOLUNTARY City of Merced Employment Questionnaire

You are requested to complete this form and submit it with your application for employment. The form will be detached from the application and will be kept separate and confidential. This information is required by State and Federal agencies and is being gathered for the purpose of determining whether recruitment and examination procedures and processes result in unfair discrimination against candidates because of age, sex, ethnic background, or disability. Completion of this form is voluntary, but it is needed for compliance with Federal and State law. Thank you.

Merced is an equal opportunity. If you believe that you have been treated unfairly or discriminated against because of race, color, religion, national origin, sex, age, or disability, please contact the City's Personnel Department.

Date: _____

Title of Position Applied For: _____

Sex (circle one): Male Female Age in Years: _____

Ethnic Category (check one)

- _____ B White/Caucasian
- _____ C Black
- _____ D Hispanic
- _____ E Asian/Pacific Islander
- _____ F American Indian/Alaskan Native

How Did You Hear About This Job? (check one)

- ___ CJ California Job Journal ___ SS Merced Sun Star ___ MB Modesto Bee
- ___ ER Employee Referral ___ FB Fresno Bee ___ IC Interest Card
- ___ JA Jobs Available ___ PB Personnel Bulletin Bd ___ WI Walk-in
- ___ SB Sacramento Bee ___ Internet
- ___ OP Other Publication _____