

City of Merced
Personnel Department
Acceptance Policy - Application For Employment

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.

Please note under Item 6 - Convictions/Criminal Offender Background Checks - the offenses that you are not required to include.

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 name, 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

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: _____
 4. Social Security No. _____ Business Phone: _____
 *Use of your Social Security number is voluntary. Social Security numbers are used for identification purposes only. If you do not wish to use your Social Security number, we will assign you an identification number.

4A. Driver's Lic. No. _____ Expires _____
 MO / DAY / YR



THE CITY OF
MERCED

AN AFFIRMATIVE ACTION
 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 # _____

APPLICABLE EXPERIENCE

Experience - Be careful to include the following when filling in below spaces:

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

(SEE REVERSE SIDE)

6. All applicants who are offered a position with the City of Merced will be fingerprinted and must successfully pass a criminal background check prior to employment. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. Do not include: (a) Any arrest or detention which did not result in conviction, (b) any conviction for which the records have been judicially ordered sealed, expunged, or statutorily eradicated, (c) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code Section 1203.4, (d) any arrest for which a pretrial or post-trial diversion program has been successfully completed, (e) convictions more than two years old for violation of Health & Safety Code Sections 11357(b) or (c), (f) traffic violations under \$150.00, and (g) convictions prior to 1976 for violation of Health & Safety Code Sections 11364, 11365 and 11550, as related to marijuana.

A. Have you ever been convicted as an adult of a crime other than a minor traffic violation?

Yes No

B. Have you been arrested for and charged with a crime for which you are currently out on bail or on your own recognizance pending trial?

Yes No

If you answered YES to either of the above questions, attach an additional sheet and give (1) the date, (2) the charge or offense, (3) the City and State, (4) the court, and (5) the action taken. Failure to list all convictions other than those excluded above may disqualify you from further consideration.

7. Have you ever been discharged from any employment or ever forced to resign? If YES, give details in Item 17.

Yes No

8. A. Are you now or have you ever been employed by the City of Merced? If yes, give details in Item 17.

Yes No

C. Have you ever taken an exam given by the City of Merced? If yes, give details in Item 17.

Yes No

9. Are you related by blood or marriage to any person presently employed by the City of Merced?

Yes No

If yes, give name, relationship, and department in which employed in Item 17.

10. If offered employment, would you be able to produce proof that you have a legal right to work in the U.S.?

Yes No

11. Are you applying for Veteran's Preference Points? (To apply for Veteran's Preference Points, submit a copy of your DD-214 verifying eligible service along with your application before final filing date.)

Yes No

12. Did you graduate from High School, pass the State High School equivalency Exam, or do you possess a GED High School Level Certificate?

Yes No

Name of High School _____

Location of School _____

13. Colleges and Schools attended after High School.

Name Indicate where located and if graduate school or college	Major	Date Graduated	Total Units or Hours	Degrees Received

14. Do you possess any job related license or certificate

a. Title _____

b. License No _____

c. Issuing State _____

d. Date Issued _____ Expiration _____

15. Computer Proficiency (If more space is needed, attach additional sheet.)

Computer Skills:

Names of Programs:

Word Processing _____
 Spreadsheet _____
 Database _____
 Programming _____

Keyboarding - Words per minute _____

16. LIST THREE REFERENCES (Not relatives or previous employers)

Name	Address	Phone Number

17. ADDITIONAL REMARKS (Attach extra sheet if necessary)

CERTIFICATE OF APPLICANT (Read this statement carefully before signing.): I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge and belief and understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights to employment by the City of Merced.

Signature of Applicant

Date

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/affirmative action employer. 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 Affirmative Action Officer.

Date: _____

Title of Position Applied For: _____

Sex (check 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)

- | | | |
|---|---|---|
| <input type="checkbox"/> CJ California Job Journal | <input type="checkbox"/> SS Merced Sun Star | <input type="checkbox"/> MB Modesto Bee |
| <input type="checkbox"/> ER Employee Referral | <input type="checkbox"/> FB Fresno Bee | <input type="checkbox"/> IC Interest Card |
| <input type="checkbox"/> JA Jobs Available | <input type="checkbox"/> PB Personnel Bulletin Bd | <input type="checkbox"/> WI Walk-in |
| <input type="checkbox"/> SB Sacramento Bee | <input type="checkbox"/> Internet | |
| <input type="checkbox"/> OP Other Publication _____ | | |