

**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 which you performed.

We ask that you also complete the attached 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

# 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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 mm/dd/yyyy



THE CITY OF  
**MERCED**

AN AFFIRMATIVE ACTION  
 EQUAL OPPORTUNITY EMPLOYER

DEPARTMENT OF  
 PERSONNEL  
 678 W. 18<sup>TH</sup> 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 Month Day Yr.	To Month Day Yr.	<b>Your Present or Last Job Title:</b>	<b>Employer's Name, Address:</b>
<b>Salary:</b>		<b>Your Duties:</b>	
		Supervisor:	<b>Reasons for Leaving:</b>
From Month Day Yr.	To Month Day Yr.	<b>Your Job Title:</b>	<b>Employer's Name, Address:</b>
<b>Salary:</b>		<b>Your Duties:</b>	
			<b>Reasons for Leaving:</b>
From Month Day Yr.	To Month Day Yr.	<b>Your Job Title:</b>	<b>Employer's Name, Address:</b>
<b>Salary:</b>		<b>Your Duties:</b>	
			<b>Reasons for Leaving:</b>
From Month Day Yr.	To Month Day Yr.	<b>Your Job Title:</b>	<b>Employer's Name, Address:</b>
<b>Salary:</b>		<b>Your Duties:</b>	
			<b>Reasons for Leaving:</b>

(SEE REVERSE SIDE)

6. Have you ever been convicted by any court of an offense?  
If Yes, give details in Item 17. Conviction is not necessarily disqualifying. Each case will be evaluated on its own merits, and its applicability to this position.

Yes  No

You may omit:

A. Traffic violations for which the fine imposed was \$30 or less.  
B. Any offense committed prior to your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.  
C. Any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45.  
(If appointed, your fingerprints will be taken.)

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   
B. 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?  
If yes, give name, relationship, and department in which employed in Item 17. Yes  No

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?

B. Name of High School \_\_\_\_\_ Yes  No   
Location of School \_\_\_\_\_

**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.

Thank You!

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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. \_\_\_\_\_ Issuing State \_\_\_\_\_  
Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

15. **FOR CLERICAL POSITIONS:**  
Affirmation of Typing or Shorthand Skill

A. I can type a speed of :  
 40  45  50  70 Words per minute.

B. I can take shorthand dictation at a speed of:  
 80  90  100  110 Words per minute.

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

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. ADDITIONAL REMARKS (Attach extra sheet if necessary)

# 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.

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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.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Title of Position Applied For: \_\_\_\_\_

Sex (check one):  Male  Female Age: \_\_\_\_\_

Do you have a disability? (check one):  Yes  No

If yes, indicate extent of disability: \_\_\_\_\_

## 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 \_\_\_\_\_