

Job Applying For		AGENCY CITY OF GILROY						
JOB TITLE								
Basic Information								
NAME								
First			M.I.	Last				
ADDRESS								
Address Line 1				Address Li	ne 2			
City		State/Province/ Region		Postal/ Zip Code		Country		
TELEPHONE								
Primary		Secondary				Are you eligib	le to	Yes N
						work in the U	.5.?	🗀
DRIVER'S LICENSE	D1 6: 1		E	MAIL				
D.L. Number	D.L. State	D.L. Class		VIVIL				
Highest year completed HS ATTENDED			GED?			chool or receiv		
List any degrees received c	or in							
progress School Name		Lo	cation (City & State	è)	1	Major	Degree	Units (
Specialized Training  List specialized training wh		tification, accre	ditation or					
license, etc. Type of Training			In	stitution		Certification, A	Accreditation,	or Licen:
		l l						
List special skills, other rele clarification	vant informatic	on, or provide						



Work Expe	erience			I have no previou	s work experience	
May we conta employer?	act your current or mos	t recent				Yes No
Failure to list	our current or most re work experience or sta uld be attached to an					
COMPANY NAM	ME					
Address				Telephone		
Job title		Start date	End date	Reason for leaving		
Hours/wk.	Mo. salary \$	Supervisor			# of employees you supervised	
Describe this experience	work (do not writ	e "See Resume")				
COMPANY NAM	ME			Telephone		
Job title		Start date	End date	Reason for leaving		
Hours/wk.	Mo. salary \$	Supervisor			# of employees you supervised	
Describe this experience  COMPANY NAP		e "See Resume")				
Address				Telephone		
Job title		Start date	End date	Reason for leaving		
Hours/wk.	Mo. salary \$	Supervisor			# of employees you supervised	
Describe this experience	work (do not writ	re "See Resume")				
Describe this experience	WOrk (do not writ	e "See Resume")				_



Address				Telephone	
Job title		Start date	End date	Reason for leaving	3
Hours/wk. Mo. s	alary \$	Supervisor			# of employees you supervised
Describe this work experience	(do not write "Se	ee Resume")			
COMPANY NAME					
Address				Telephone	
Job title		Start date	End date	Reason for leaving	3
Hours/wk. Mo. s	alary \$	Supervisor			# of employees you supervised
	(do not write "Se	ee Resume")			
Describe this work experience  If you would like to prapplication.	(do not write "So		lease list on a separ	ate sheet and attacl	h to
experience  If you would like to pr	(do not write "So		lease list on a separ	ate sheet and attacl	h to
experience  If you would like to prapplication.	(do not write "So	work experience, p	lease list on a separ	ate sheet and attacl	h to
experience  If you would like to prapplication.  Additional Expe	ovide additional v	work experience, p	lease list on a separ	ate sheet and attacl	h to
of you would like to properties application.  Additional Expe  List any additional experience	ovide additional vience (volunteering, in	work experience, p	lease list on a separ	ate sheet and attacl	h to
experience  If you would like to prapplication.  Additional Expe	ovide additional vience (volunteering, in	work experience, p			Yes



Tronk Quannet	ations cont.						
						Yes	No
Have vou ever beer	n convicted for a violati	on of the law. e	excluding minor traffic	violations?		Ц	
xclude traffic violations unden narijuana. Each case will be g	he violation; the court (including r er \$150 and convictions more tha jiven individual consideration. Fail tion is not necessarily a bar to emp	n two years old for vic ure to list all conviction	plation of Health and Safety Code ns other than those excluded abo	Sections 11357 (b or c), 1136 ve will be considered fraud in s	0(b), 11364, 11365, and 115 securing appointment and v	50, as it ı	elates
Have you ever be	en discharged or requ	lested to resign	n from any			Yes	No
oosition for miscor f "Yes", please explain fully	nduct or unsatisfactory	service?				⊔	
lak Osiasia							
Job Origin							
	is job opening through	(please check on	e)				
Job Origin I first learned of thi	is job opening through NEWSPAPERS	(please check on	e) PUBLIC SECTOR PUBS	SPECIALIZED PUBS	OTHER		

DISABLED APPLICANTS: The Agency will make reasonable accommodations in the exam process to accommodate disabled applicants. If you are invited to participate in any test process and have a disability for which you require an accommodation, please contact the agency.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the Agency. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination by a City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath of office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.



#### Please answer the following questions:

1.	Do you have any relatives employed by the City of Gilroy or serviing on the City Council?
	Please answer yes or no
	If yes, please provide the name of the employee/elected official
2.	Have you ever been employed by the City of Gilroy?
	Please answer yes or no
	If yes, please provide the dates of employment and position held
3.	Are you an active member (non-retiree) of the California Public Employees Retirement System (CalPERS)?
	Please answer yes or no