



Human Resources Division  
500 Castro Street, P.O. Box 7540  
Mountain View, CA 94039-7540  
FAX 650-962-8505  
[www.mountainview.gov](http://www.mountainview.gov)

# EMPLOYMENT APPLICATION

- PLEASE NOTE:**
1. A separate application is required for each position.
  2. Applications must be typed or printed in blue or black ink. Incomplete or illegible applications will not be considered.
  3. Keep the Human Resources Division informed of any changes to your contact information.

## POSITION

Position applied for \_\_\_\_\_

Learned of this job opening through \_\_\_\_\_

## BASIC INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you over 18 years of age?  Yes  No If under 18, can you, after employment, submit a work permit?  Yes  No

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

Driver's License \_\_\_\_\_ Driver's License State \_\_\_\_\_ Driver's License Class \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No

Have you ever been employed by the City of Mountain View?  Yes  No

Are you related to anyone employed by the City of Mountain View?  Yes  No

If YES, provide name and relationship \_\_\_\_\_

## EDUCATION

Highest Education:  Some High School  High School  GED  Some College  College  Post Graduate

High School/GED Attended \_\_\_\_\_ Location of HS/GED \_\_\_\_\_

College or University Attended \_\_\_\_\_ Location \_\_\_\_\_ Major \_\_\_\_\_

Units Completed \_\_\_\_\_ Unit Type (circle one) Semester/Quarter Degree(s) completed \_\_\_\_\_

Trade or Business School Attended \_\_\_\_\_ City/State \_\_\_\_\_ Course of study completed \_\_\_\_\_

List any specialized training which yielded certification, accreditation, license, special skills, or other relevant information \_\_\_\_\_

Clerical Skills: Typing WPM \_\_\_\_\_ Computer/other office equipment \_\_\_\_\_

## WORK EXPERIENCE

Begin with your current or most recent experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application completely. RESUMÉS MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total years/months \_\_\_\_\_ Hours/Week \_\_\_\_\_  
month year month year

Job Title \_\_\_\_\_

Number employees supervised \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Describe this work experience \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*\*\*\*\*

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total years/months\_\_\_\_ Hours/Week \_\_\_\_  
month year month year

Job Title \_\_\_\_\_

Number employees supervised\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Describe this work experience \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*\*\*\*\*

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total years/months\_\_\_\_ Hours/Week \_\_\_\_  
month year month year

Job Title \_\_\_\_\_

Number employees supervised\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Describe this work experience \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*\*\*\*\*

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total years/months\_\_\_\_ Hours/Week \_\_\_\_  
month year month year

Job Title \_\_\_\_\_

Number employees supervised\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Describe this work experience \_\_\_\_\_

Reason for leaving \_\_\_\_\_

---

## AGREEMENT

READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application and any additional supporting documents are true and I authorize investigation of all matters contained in the application material. I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Mountain View. I agree to furnish such proof of age, citizenship, licenses, and education, as may be requested, and to be fingerprinted/backgrounded. I further agree to submit to a complete medical examination, which may include drug testing, by a City physician as may be requested.

I understand that all offers of employment are conditioned upon satisfactory proof of identity and legal ability to work in the United States and that the City of Mountain View is legally required by the Federal Government to hire only U.S. citizens and aliens lawfully authorized to work in the United States.

I understand that it is the policy of the City of Mountain View to preserve the right to equal employment opportunity for all persons, including those with physical, mental, or sensory disabilities. Candidates that may require special assistance in any phase of the application or testing process should advise the Human Resources Division upon submittal of application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF MOUNTAIN VIEW  
HUMAN RESOURCES DIVISION**

TO: All Job Applicants  
FROM: Assistant City Manager  
SUBJECT: ETHNIC IDENTITY FORM

---

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her ethnic identification with the submittal of an employment application. This form will be detached from the application prior to application review and kept in a separate file from the employment application.

This information requested is gathered and summarized for nondiscrimination statistical purposes only. It is unlawful to use this information to discriminate against or give preference to a person for hiring or promotion. Please do not sign this form.

For purposes of this report, the following categories will be used:

- A. The category "Hispanic or Latino": A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- B. The category "Two or More Races" (non-Hispanic or Latino): Persons who identify with two or more racial categories.
- C. The category "White" (non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- D. The category "Black or African American" (non-Hispanic or Latino): All persons having origins in any of the Black racial groups of Africa.
- E. The category "Asian" (non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- F. The category "Native Hawaiian or Other Pacific Islander" (non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- G. The category "American Indian or Alaskan Native" (non-Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

I IDENTIFY MYSELF AS:

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

Please choose one category from the list above.