



City of Orinda

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

MAIL OR DELIVER TO:
City of Orinda - Human Resources
22 Orinda Way
Orinda, CA 94563
www.cityoforinda.org

DATE RECEIVED

For Human Resources Use Only	
Accepted	Rejected
Analyst _____	Date _____
Reason: <input type="checkbox"/> Educ.	<input type="checkbox"/> License/Cert.
<input type="checkbox"/> Exp.	<input type="checkbox"/> Incomplete
<input type="checkbox"/> Other _____	

POSITION APPLYING FOR: _____
PRINT EXACT TITLE FROM JOB ANNOUNCEMENT

PLEASE TYPE OR PRINT IN INK
(INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED)

1. _____ Social Security Number (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 for application purposes only.)

2. Name: _____
If you have worked under another name, what name?
Last Name First Name Middle Name

3. Address: _____
No. Street Apt. No. City State/Zip Code

4. Phones: () () ()
Home Work Cell Phone

5. E-mail Address: _____
Driver's License: _____
State Number Expiration Date

6. After employment, can you submit verification of your legal right to work in the U.S.? Yes No

BACKGROUND ACKNOWLEDGEMENT
7. As part of the employment process, you may be required to undergo a background investigation. You understand that by checking "yes", you consent to the City of Orinda performing any applicable background investigation relevant to the position. You also understand that such information will remain confidential and will not necessarily preclude you from employment. Yes No
 I wish to receive a copy of any Consumer Report and/or Investigative Consumer Report if one is obtained by the City of Orinda (check box)
Please refer to the Fair Credit Reporting Act and the California Investigative Consumer Reporting Agencies Act for your specific rights.

8. Have you ever been rejected during a probationary period, discharged, or forced to resign from any employment within the last ten years? If yes, give name and address of the employers, reason for each release and dates of employment. If answer is yes, it is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness. Yes No

9. Are you fluent in any language other than English? If so, please specify: _____

10. EDUCATION: Check appropriate box if you possess one of the following
 High School Diploma G.E.D. Certificate California High School Proficiency Certificate
Give Highest Grade or Educational Level Achieved _____

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A)		Yes <input type="checkbox"/> No <input type="checkbox"/>				
B)		Yes <input type="checkbox"/> No <input type="checkbox"/>				
C)		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded			
D)						
Licenses, certificates or registration required for this job	Title	Issue Date	Expiration Date	Number		

11. THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY. List experience that relates to the qualifications as required on the job announcement. Begin with your most recent experience. List each promotion separately. Use additional sheets if necessary. Voluntary non-paid experience will be accepted if job related. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

Please attach this sheet as the very last page of your application package, behind any resumes, letters, or other attachments.

The City of Orinda is an equal opportunity employer. The City of Orinda considers applicants for all positions without regard to race, color, national origin, sex, religion, sexual orientation, age, disability or any other basis prohibited by Federal, State, or Local law.

DISABLED APPLICANTS: Human Resources may have resources to assist you in the exam process. If you have special needs, please call (925) 253-4214.

CITY OF ORINDA E.E.O.C. QUESTIONNAIRE

The Federal Equal Employment Opportunity Commission requires each state and local government to file a report summarizing the racial/ethnic makeup of its workforce. This survey is necessary in order to fulfill this requirement. In addition, this information will assist the City in measuring Equal Employment Opportunity progress. This questionnaire is a supplemental form that is a tear-away and is not connected to the application, is stored in a separate file, and is voluntary.

Please answer all questions by placing an "X" in the appropriate box. (see below for definitions)

RACE/ETHNIC BACKGROUND: Only one box may be marked.

1 <input type="checkbox"/> <u>White Alone</u>	NAME _____
2 <input type="checkbox"/> <u>Black or African American Alone</u>	
3 <input type="checkbox"/> <u>Hispanic or Latino (of any race)</u>	POSITION APPLYING FOR _____
4 <input type="checkbox"/> <u>Asian Alone</u>	
5 <input type="checkbox"/> <u>Filipino Alone</u>	DATE OF BIRTH _____
6 <input type="checkbox"/> <u>Native Hawaiian and Other Pacific Islander (NHPI) Alone</u>	
7 <input type="checkbox"/> <u>American Indian or Alaskan Native (AIAN) Tribes Alone</u>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
8 <input type="checkbox"/> <u>Two or More Races</u>	

DEFINITIONS:

- White Alone**
- Black or African American Alone**
- Hispanic or Latino (of any race):** Mexican, Puerto Rican, Cuban, Other Hispanic or Latino [Dominican (Dominican Republic), Central American (Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian, Salvadoran), South American (Argentinean, Bolivian, Chilean, Colombian, Ecuadorian, Paraguayan, Peruvian, Uruguayan, Venezuelan), Spaniard], All other Hispanic or Latino.
- Asian Alone:** Asian Indian alone, Bangladeshi alone, Cambodian alone, Chinese alone (Chinese, except Taiwanese, alone, Taiwanese alone), Hmong alone, Indonesian alone, Japanese alone, Korean alone, Laotian alone, Malaysian alone, Pakistani alone, Sri Lankan alone, Thai alone, Vietnamese alone, Other specified Asian alone.
- Filipino Alone**
- Native Hawaiian and Other Pacific Islander (NHPI) Alone:** Polynesian alone (Native Hawaiian alone, Samoan alone, Tongan alone), Micronesian alone (Guamanian or Chamorro alone), Melanesian alone (Fijian alone), Other specified Pacific Islander alone.
- American Indian or Alaskan Native (AIAN) Tribes Alone:** Alaskan Athabaskan alone, Aleut alone, Apache alone, Blackfeet alone, Cherokee alone, Cheyenne alone, Chickasaw alone, Chippewa alone, Choctaw alone, Colville alone, Comanche alone, Cree alone, Creek alone, Crow alone, Delaware alone, Eskimo alone, Houma alone, Iroquios alone, Kiowa alone, Latin American Indian alone, Lumbee alone, Menominee alone, Navajo alone, Osage alone, Ottawa alone, Paiute alone, Pima alone, Potawatomi alone, Pueblo alone, Puget Sound Salish alone, Seminole alone, Shoshone alone, Sioux alone, Tlingit-Haida alone, Tohono O'Odham alone, Ute alone, Yakama alone, Yaqui alone Yuman alone.
- Two or more races** according to defined ethnic background races as listed in definitions 1-7 above.