



CITY OF SANTA MONICA AS-NEEDED APPLICATION

PERSONNEL DEPARTMENT

1685 Main Street, P.O. Box 2200, Santa Monica, California 90407-2200

Internet: <http://www.santa-monica.org/personnel>

(310) 458-8697 - 24 hour job line; (310) 458-8246

INSTRUCTIONS: This application must be completed in its entirety. Complete all items truthfully. All information provided is subject to verification. False statements are cause for rejection of the application or termination. Please print in black ink or use a typewriter.

CONDITIONS OF EMPLOYMENT: Prior to appointment, applicants must submit proof of U.S. citizenship or legal right to work in the United States. All new employees shall be fingerprinted to check conviction records. Depending on the position applied for, a medical examination may be required.

Position Applied For

Last Name

First Name

Middle Initial

Exam #

Last Name First Name Middle Initial

Street Address

City State Zip Code

Social Security #	Home Phone #	Work Phone #	May we contact you at work? YES _____ NO _____
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Driver License #: _____ State: _____ Expiration Date: _____ Class: _____

Name and Location of High School Attended / Last Grade Completed	Did You Graduate or Receive a G.E.D.? YES _____ NO _____
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Name and Location of Colleges, Universities and/or Vocational Schools Attended	Number of Units Completed		Major Subjects	Degrees and/or Certificates
	Semester	Quarter		

Are you related to any employee of the City of Santa Monica?

YES _____ NO _____ If yes, please list name and relationship:

DATE AND TIME RECEIVED
PERSONNEL DEPARTMENT USE ONLY

ADDITIONAL INFORMATION

Please use the space below to provide any additional information pertinent to the position for which you are applying. Include licenses, credentials, certificates, professional affiliations and volunteer activities. Please attach copies if required for the position.

CITY OF SANTA MONICA AS-NEEDED APPLICATION - PAGE 2	CANDIDATE NAME:
	POSITION APPLIED FOR:

EMPLOYMENT HISTORY: List all periods of employment for the past 10 years, beginning with your most recent or present employer. In addition, list any experience that may help you to qualify for the position you are applying for. List separately each position held, including different positions with the same employer. List and explain all periods of unemployment in the space provided. If you need more space, attach additional sheets to this application. **Resumes may be included but will not substitute for this section.** Failure to complete this section in its entirety may result in the rejection of your application.

From: (Mo./Yr.)	Title of Your Current or Most Recent Position:	Name of Employer:
To: (Mo./Yr.)	Do/Did You Supervise Others? YES ___ NO ___ How Many? _____	Employer's Address (City, State):
Hours per Week:	Duties Performed:	Supervisor's Name, Title, Phone #:
Salary:		Reason for Leaving:
per hour per month		May we contact? YES ___ NO ___

From: (Mo./Yr.)	Title of Position Held Before the One Above:	Name of Employer:
To: (Mo./Yr.)	Do/Did You Supervise Others? YES ___ NO ___ How Many? _____	Employer's Address (City, State):
Hours per Week:	Duties Performed:	Supervisor's Name, Title, Phone #:
Salary:		Reason for Leaving:
per hour per month		May we contact? YES ___ NO ___

From: (Mo./Yr.)	Title of Position Held Before the One Above:	Name of Employer:
To: (Mo./Yr.)	Do/Did You Supervise Others? YES ___ NO ___ How Many? _____	Employer's Address (City, State):
Hours per Week:	Duties Performed:	Supervisor's Name, Title, Phone #:
Salary:		Reason for Leaving:
per hour per month		May we contact? YES ___ NO ___

HOURS AND DAYS AVAILABLE FOR WORK: Prior to applying for as-needed employment, applicants should contact the hiring department to determine the work schedule required for the position applied for. Please indicate below any days and hours that you are NOT available to work.

I AM NOT AVAILABLE TO WORK DURING THE FOLLOWING DAYS AND HOURS:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours to _____	Hours to _____	Hours to _____	Hours to _____	Hours to _____	Hours to _____	Hours to _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

CERTIFICATION OF TRUTHFULNESS AND AUTHORIZATION TO CONTACT PRESENT/PREVIOUS EMPLOYERS: I certify that all statements made in this application are true and complete. I also understand that any misstatements of material facts may result in my disqualification from the examination process or dismissal from employment. I authorize the City of Santa Monica to verify all statements and information provided on this application form.

SIGNATURE	DATE
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CITY OF SANTA MONICA HUMAN RESOURCES DEPARTMENT: CONVICTION INFORMATION QUESTIONNAIRE

NOTICE: Individuals with conviction records are eligible for employment with the City of Santa Monica and are encouraged to apply. Applications with conviction records are referred to the City of Santa Monica Personnel Board for evaluation. This evaluation is to determine whether or not this application may be further considered for this classification only. The evaluation will be based on the nature of the job applied for, the nature of the offense, and the applicant's conduct subsequent to the offense. **Information on convictions is required from all applicants. Any omissions are grounds for rejection of the application, removal of the applicant's name from the eligible list, or dismissal from City employment.** This information will be kept confidential and will not become part of your permanent personnel file, if hired. All employees are fingerprinted and notification of convictions is sent to the Human Resources Dept. by the State of California, Department of Justice, Bureau of Criminal Identification.

Please respond to the following question:

Have you ever been convicted of breach or violation of any ordinance or law other than a minor traffic violation? If "YES", you must provide additional information as requested below.

_____ YES _____ NO

Please provide information pertaining to ALL convictions, unless sealed or expunged. Do NOT list arrests that did not result in a conviction.

Date of Conviction	Code Section Violated (Number and Title)	Felony or Misdemeanor
Sentencing Information: (length of jail sentence, time served, monetary fine, terms of parole and/or probation)		
Description of Offense / Additional Remarks:		

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Description of Offense / Additional Remarks:		

I certify that I have read this notice and that I am aware of my responsibilities in reporting convictions on my application.

Signature of Applicant

Date

Print Name