

Exact title of the position for which you are applying: \_\_\_\_\_ Date: \_\_\_\_\_

CITY OF EUREKA APPLICANT QUESTIONNAIRE

The City of Eureka is asking all applicants for employment to complete the information on this Applicant Questionnaire in order to comply with United States Government Equal Employment Opportunity requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts.

The information, which you provide voluntarily, will be detached from your application upon submission and will be kept separate and confidential. It will not be utilized other than as described above.

The City of Eureka is an equal opportunity employer. If you feel you have been treated unfairly or discriminated against because of race, color, national origin, sex, age, or disability, please contact the City's Personnel Office at (707)441-4124.

The Personnel Department will make reasonable efforts in the examination process to accommodate people with special physical or mental requirements. If you have special needs, please call (707)441-4124 prior to the examination date.

When indicating you have a special need, one of the following definitions will apply to you. A disabled person is anyone who:

1. Has a physical or mental impairment which substantially limits one or more major life activities: i.e., walking, seeing, hearing, speaking, working or learning; or
2. Has a record of such impairment; or
3. Is regarded as having such an impairment.

Please review the following list of disabilities and definitions. Please identify your specific disability(ies) by checking the appropriate line(s):

\_\_\_\_\_ VISUAL: Persons who are legally blind in one or both eyes and persons whose visual acuity even after correction (eye glasses or contact lenses) is 20/200 visual acuity or restricted in the visual field to 20 degrees.

\_\_\_\_\_ HEARING: Persons with total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.

\_\_\_\_\_ SPEECH: Persons with speech impairments when speech is unintelligible in normal conversation.

\_\_\_\_\_ PHYSICAL: Persons with orthopedic impairments, amputations, or functional limitations if there is: (a) loss or significant impairment of one or both arms; (b) loss or significant impairment of one or both legs; and (c) impairment of the trunk, back, or spine, when there is a medically diagnosed disability which limits one or more major activities.

\_\_\_\_\_ DEVELOPMENT: Persons who meet the legal definition or have been identified as having a developmental disability. This includes, but not limited to, disabilities such as autism, cerebral palsy, epilepsy, mental retardation, and other neurological impairment.

\_\_\_\_\_ OTHER: (Specify) \_\_\_\_\_

Ethnic Origin (Please check ONE):

\_\_\_\_\_ WHITE: All persons having origins in any of the original people of Europe, North Africa, or the Middle East.

\_\_\_\_\_ BLACK: All persons having origins in any of the Black racial groups.

\_\_\_\_\_ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoa, and the Philippine Islands.

\_\_\_\_\_ AMERICAN INDIAN or ALASKA NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you age 40 or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you: Male \_\_\_\_\_ Female \_\_\_\_\_

How did you learn about this position?

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement (specify) _____             | <input type="checkbox"/> Friend or Colleague   |
| <input type="checkbox"/> Community Agency (specify) _____          | <input type="checkbox"/> Job Line              |
| <input type="checkbox"/> Website (specify) _____                   | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Professional Organization (specify) _____ |  |



The City of Eureka  
 Personnel Department  
 531 K Street  
 Eureka, CA 95501

Application for the Position of: \_\_\_\_\_

**Applicant Instructions:** Please read the recruitment announcement for the position desired. If you possess the qualifications for the job, show clearly on this application all previous education, training and work experience which qualify you. Please type or print in ink. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment.

**PERSONAL INFORMATION**

Name (Last, First, Middle)	Area Code	Home Telephone
Mailing Address	Area Code	Work Telephone
City, State & Zip	Correspond with me by Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid Driver's License? Yes _____ No _____	E-Mail	
State: _____ Number: _____ Class: _____ Expiration: _____	Social Security Number	

**EDUCATION AND TRAINING**

Do you have a High School Diploma, G.E.D., or CA High School Proficiency Cert.?  No  Yes

NAMES OF COLLEGES/UNIVERSITIES ATTENDED	Dates Attended	Course of Study	Degree Awarded		Credits Achieved		Type of Degree	Graduation Date
			Yes	No	Semester	Quarter		

OTHER RELEVANT COURSES AND TRAINING	NAME AND LOCATION	LENGTH OF COURSE	DATE COMPLETED

PROFESSIONAL LICENSES AND/OR CERTIFICATES	SERIAL NUMBER	DATE ISSUED	EXPIRATION DATE

**QUALIFYING EXPERIENCE:** List your job experience below. Begin with your most recent position and account for all experience within the past 10 years, whether related to the position you are applying for or not. Voluntary, non-paid experience will be accepted if job related. List all jobs separately and full explain the duties you performed. You may attach additional sheets if necessary. Failure to complete all required information will cause your application to be rejected.

FROM _____ TO _____	Title of Your Position: _____
Name and Address of Employer: _____ _____	Duties You Performed: _____ _____ _____
Phone Number: _____	Number supervised (if any) _____ No. of Hours per week: _____
Name of Supervisor: _____	Salary \$ _____ Hour _____ Week _____ Month _____
Reason for Leaving: _____	

FROM _____ TO _____ Name and Address of Employer: _____ _____ _____ Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ _____ Number supervised (if any) _____ No. of Hours per week: _____ Salary \$ _____ Hour _____ Week _____ Month _____
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FROM _____ TO _____ Name and Address of Employer: _____ _____ _____ Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ _____ Number supervised (if any) _____ No. of Hours per week: _____ Salary \$ _____ Hour _____ Week _____ Month _____
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FROM _____ TO _____ Name and Address of Employer: _____ _____ _____ Phone Number: _____ Name of Supervisor: _____ Reason for Leaving: _____	Title of Your Position: _____ Duties You Performed: _____ _____ _____ _____ _____ Number supervised (if any) _____ No. of Hours per week: _____ Salary \$ _____ Hour _____ Week _____ Month _____
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**A "YES" ANSWER TO ANY OF THE FOLLOWING QUESTIONS REQUIRES AN EXPLANATION BELOW**

<p>A. Have you ever been employed by the City of Eureka? ____ Yes ____ No From _____ to _____ Department _____</p> <p>B. Are you related to anyone currently employed by the City of Eureka? ____ Yes ____ No Name _____ Department _____</p> <p>C. Are you receiving CalPERS retirement benefits? ____yes ____No</p>
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**ADDITIONAL INFORMATION:** Use this space to provide additional information as required by this application, or to describe in greater detail any aspects of your experience that are pertinent to the job you are seeking.

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF APPLICANT- PLEASE READ CAREFULLY**

<p>I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications, character, or prior record to the City of Eureka through inquiries to any sources. I certify that all statements in this application are true and complete; that there are no misrepresentations, falsifications, or omissions of material fact and I am aware that any misstatements or omissions of material fact may cause rejection of my application, disqualification from competing for, or discharge from any employment in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition for employment, I may be required to take and pass medical and psychological tests including drug and alcohol screening. I further understand that to work with youth I will be fingerprinted prior to my employment.</p> <p>Signature: _____ Date: _____</p>
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