

Opportunity Employer

CITY OF MONTEREY

Monterey, California 93940

APPLICATION FOR PART-TIME / SEASONAL EMPLOYMENT

City Attorney's Office – 512 Pierce St.
City Manager's Office – 580 Pacific St.
Community Development – 526 Pierce St.
Finance & Information Resources – 735 Pacific St.
Fire – 610 Pacific St.
Harbor and Marina – 250 Figueroa St.
Human Resources – 735 Pacific St.
Library – 625 Pacific St.
Monterey Conference Center – One Portola Plaza
Monterey Sports Center – 301 E. Franklin St.
Museum & Cultural Arts - 570 Pacific St.
Parking – 340 Tyler St.
Police – 351 Madison St.

□ Public Works – 580 Pacific St.□ Recreation – 777 Pearl St.

PLEASE SUBMIT COMPLETED APPLICATION TO THE HIRING DEPARTMENT ABOVE

EXACT TITLE OF POSITION YOU ARE APPLYING FOR:				
INSTRUCTIONS: Please read the announcement to determine if you completely. All statements in your application are subject to verification of Applicant in Section 7 carefully before signing. Resumes will not be	on and incorrect or incomplete statements may	bar or remove you from emplo	syment. Read the Certificate	
1. PERSONAL DATA				
NAME (Last, First, Middle)		Area Code Home Telep	hone	
MAILING ADDRESS (Number and Street)		Area Code Work Telephone		
(City, State & Zip)		E-mail address		
Do you have a valid Driver's License?	Expiration Date:	Enter your date of birth if you are less than 21 years of age.		
2. PHYSICAL CONDITIONS OR LIMITATIONS				
DO YOU HAVE ANY PHYSICAL CONDITION OR LIM OF THIS POSITION ON A REGULAR AND CONTINUI ACCOMMODATE YOUR LIMITATION? PLEASE EXP	ING BASIS? 🗌 YES 🔲 NO 🏻 IF Y			
3. PREVIOUS CITY EMPLOYMENT AND CURRE	ENT EMPLOYMENT OF A RELAT	IVE		
A. Have you previously been employed by the City of Monterey? If you answered "yes", list dates of employment, classification, department, and any former names, if appropriate, in section 6. B. Are you currently participating in the Public Employees' Retirement System? C. Have you ever participated in the Public Employees' Retirement System? D. List any relatives currently employed by the City of Monterey and their relationship to you:				
4 EDUCATION and TRAINING				
4. EDUCATION and TRAINING CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 MORE NAME & LOCATION OF HIGH SCHOOL		Are you a high school grad OR Have you passed the GED		
Schools attended other than high school Location	Course of Study	Credits Earned Semester - Quarter	Degree or Certificate Rec'd. None Type	
Please describe additional course work or training (including military) which would qualify you for this position.				
Please list certificates or licenses of professional or vocational compe	etence you possess which relate to this position.			
Please list languages other than English which you speak fluently:				

SPECIAL SKILLS: Typingv	wpm	Shorthand	_wpm	Computer Hardware
What office machines do you operate:				Computer Software

5. WORK EXPERIENCE

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job announcement. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education.

DO NOT ENTER "SEE RESUME."

FROM (MO & YR)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME	
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY	STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS	
HOURS EACH WEEK		NAME OF SUPERVISOR	
		REASON FOR LEAVING	
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME	
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY	STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS	
HOURS EACH WEEK		NAME OF SUPERVISOR	
		REASON FOR LEAVING	
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME	
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY	STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS	
HOURS EACH WEEK		NAME OF SUPERVISOR	
		REASON FOR LEAVING	
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME	
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY	STATE
TOTAL TIME Yrs. Mo.		EMPLOYER'S BUSINESS	
HOURS EACH WEEK		NAME OF SUPERVISOR	
		REASON FOR LEAVING	

6. EXPLANATION OF PREVIOUS ITEMS:

Use this space to provide additional information as required by this application.	Attach additional sheets as necessary.

7. CERTIFICATE OF APPLICANT - PLEASE READ CAREFULLY

I certify that the foregoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of material facts are cause for rejection of application, removal from the eligibility list, suspension or dismissal. I hereby authorize the City of Monterey to investigate all statements contained on this application.		
SIGNATURE	DATE (Month - Day - Year)	

IF APPOINTED TO A CITY JOB, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. PRIOR TO HIRING, A CANDIDATE WILL BE FINGERPRINTED AND MAY BE MEDICALLY EXAMINED AT CITY EXPENSE. CONVICTION RECORDS WILL BE CHECKED. ALL APPOINTMENTS ARE SUBJECT TO THE SUCCESSFUL COMPLETION OF A PROBATIONARY PERIOD OF SERVICE.

PLEASE SUBMIT COMPLETED APPLICATION TO THE HIRING DEPARTMENT

ETHNICITY (OPTIONAL FOR ALL APPLICANTS)			
In order for the City of Monterey to monitor its progress in Affirmative Action, it is necessary for us to identify each person who applies for a City job by the factors shown below. We ask your help in checking the squares that apply to you, and filling in the blanks so that we can keep statistics on each examination. This section will be detached from the application form, and will be used only for statistics. No decisions in the test process will be based on it.			
Male Female Title of position	Social Security Number		
All persons having origin in any of the Black racial groups 2. White (not of Hispanic origin) All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent. 3. Asian or Pacific Islanders All persons having origin in any of the original All persons having origin in any of the original All persons	All persons having origin in any of the original peoples of the Philippines Islands. H. Handicapped Are you handicapped according to the definition below: Section 503 of the Rehabilitation Act of 1973 defines a handicapped person as anyone who: 1. Has a physical or mental impairment which substantially limits her/his major life activities, or 2. Has a record of such impairment, or 3. Is regarded as having such impairment.		
SURVEY FOR EMPLOYMENT (OPTIONAL FOR ALL APPLICANTS) We ask your help in checking the squares that apply to you, and filling in the blanks so that we can keep statistics on each examination. This section will be detached from the application form, and will be used only for statistics. No decisions in the test process will be based on it.			
HOW DID YOU HEAR ABOUT THIS VACANCY? Please check	one of the following:		
☐ City of Monterey website ☐ Montereybayjobs.com	☐ Current Employee of the City of Monterey		
☐ Craigslist.com ☐ Other website (Please Specify)	☐ Newspaper Ad (Please Specify)		
☐ Job Interest Card	Other (Please Specify)		