



City of Oakland Employment Application

Exact title of position for which you are applying:

Human Resources Management

150 Frank H. Ogawa Plaza, 2nd Floor, Oakland, CA 94612-2019 ☎ (510) 238-3112 ✦ (510) 238-3111 (Job Hotline) ✦ (510) 238-3254 (TDD)

Web Site: www.oaklandnet.com

1. LAST NAME		FIRST NAME		MI		
2. CURRENT ADDRESS		NUMBER & STREET	APT. NO.	CITY	STATE	ZIP CODE
3. HOME PHONE		4. BUS. PHONE		5. EMAIL		
6. Are You Now, OR Have You Ever, Been Employed By the City of Oakland: <input type="checkbox"/> Yes <input type="checkbox"/> No				7. OTHER NAMES USED WHILE EMPLOYED BY THE CITY OF OAKLAND:		
If "YES": FROM/TO _____ Department / Class Title _____				_____		
8. Type of employment that you will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time				9. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. NAME, CITY & STATE OF HIGH SCHOOL, COLLEGES/UNIVERSITIES ATTENDED		UNITS COMPLETED SEMESTER QUARTER		COURSE OF STUDY/MAJOR	TYPE OF DEGREE:	COMPLETED: YES NO
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
11. OTHER RELEVANT COURSES AND TRAINING		NAME AND LOCATION OF INSTITUTION		LENGTH OF COURSE	ENDED	
12. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED		CERTIFICATE NUMBER		DATE ISSUED	EXPIRATION DATE	
13. LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE FLUENTLY		14. PLEASE INDICATE VALID DRIVER'S LICENSE OR ID NUMBER, STATE, EXPIRATION DATE				
Language _____ Speak ____ Read ____ Write ____						
15. DESIGNATE SKILLS, IF REQUIRED FOR THIS POSITION. (Note: Testing of skills may be required prior to or following selection.)				FOR OFFICIAL USE ONLY:		
Typing Speed _____ wpm Data Entry Speed _____ wpm				Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
16. NAME, ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT				Education <input type="checkbox"/> Experience <input type="checkbox"/>		
NAME _____		PHONE _____		License <input type="checkbox"/> Met MOs/Scrnd <input type="checkbox"/>		
ADDRESS _____		CITY _____		Other <input type="checkbox"/> CSB Rule 4.06 <input type="checkbox"/>		
				Initials _____ Date _____		
Certificate of Applicant: I certify that all statements made in the application are true and I agree and understand that misstatements or omissions of any material will subject me to disqualification or dismissal.				The City of Oakland complies with all Federal, State and local laws mandating Equal Employment Opportunities. If you feel you have been treated unfairly or discriminated against because of race, color, religion, national origin, ancestry, sex, gender, age, veteran status, disability, marital status, or gender identity, or sexual orientation, please contact the City's Equal Opportunity Programs Division at (510) 238-3500.		
Signature: _____				Date: _____		

This Section MUST be filled out or your application may not be considered. You may also attach a resume or other relevant documents to further describe your qualifications.

17. EXPERIENCE: Begin with your most recent experience. List all employment in the last SEVEN years that is related to the job for which you are applying. Indicate Self-employment, U.S. Military Service and Volunteer Experience. Indicate "Volunteer" in the space for salary. Include details that meet the entrance requirements of the position.

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hrs. PER Wk.	DUTIES:		
SALARY: \$ _____ PER _____			

MILITARY SERVICE?
 Yes No

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hrs. PER Wk.	DUTIES:		
SALARY: \$ _____ PER _____			

MILITARY SERVICE?
 Yes No

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE NO.
Hrs. PER/Wk.	DUTIES:		
SALARY: \$ _____ PER _____			

MILITARY SERVICE?
 Yes No

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Hrs. PER Wk.	DUTIES:		
SALARY: \$ _____ PER _____			

MILITARY SERVICE?
 Yes No

REASON FOR LEAVING

INQUIRY MAY BE MADE OF YOUR FORMER EMPLOYERS OR THE LAST SCHOOL YOU ATTENDED REGARDING YOUR PERFORMANCE RECORD.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO