



# City of Oakland Employment Application

Exact title of position for which you are applying:

## Department of Human Resources Management

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

Web Site: [www.oaklandnet.com](http://www.oaklandnet.com)

1. LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NO. (TO BE USED AS YOUR CANDIDATE ID NO.)	
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 claim Oakland Residency Credit? YES <input type="checkbox"/> No <input type="checkbox"/> <small>(See CSB Rule 4.11)</small>		
10. US MILITARY To claim veteran's preference points, you must present proof of honorable discharge (DD214) when you file your application (person's serving in auxiliary or reserve components of the armed forces are not eligible). Veteran's credit may be awarded in concert with other credits. (See CSB Rule 4, Section 4.12 and 4.13)				11. DO YOU CLAIM VETERAN'S PREFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE AND BRANCH OF DISCHARGE _____		12. DO YOU HAVE <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED
13. NAME, CITY & STATE OF HIGH SCHOOL, COLLEGES/UNIVERSITIES ATTENDED			UNITS COMPLETED	COURSE OF STUDY/MAJOR	TYPE OF DEGREE:	COMPLETED:
			SEMESTER	QUARTER		YES
						NO
14. OTHER RELEVANT COURSES AND TRAINING			NAME AND LOCATION OF INSTITUTION		LENGTH OF COURSE	ENDED
15. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED			CERTIFICATE NUMBER		DATE ISSUED	EXPIRATION DATE
16. LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE FLUENTLY				17. PLEASE INDICATE VALID DRIVER'S LICENSE OR ID NUMBER, STATE, EXPIRATION DATE		
Language _____ Speak ____ Read ____ Write ____						
18. 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				Examination Number _____		
19. NAME, ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT				Approved <input type="checkbox"/>		
NAME _____		PHONE _____		Education <input type="checkbox"/>		
ADDRESS _____		CITY _____		Incomplete: <input type="checkbox"/>		
				Late <input type="checkbox"/>		
				Not Elg. Prom <input type="checkbox"/>		
				Not Elg. Restr. <input type="checkbox"/>		
				Met MQs/Scrnd <input type="checkbox"/>		
				CSB Rule 4.06 <input type="checkbox"/>		
				Exp. <input type="checkbox"/>		
				Other <input type="checkbox"/>		
				Registry <input type="checkbox"/>		
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.				Initials _____ Date _____		
Signature: _____ Date: _____				I have received the Employment Information Pamphlet and job announcement and have read and understood their contents.		
				Initial here: _____		

<b>CITY OF OAKLAND EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE</b>	Exact Title of Position for which you are applying: _____
The City of Oakland asks all applicants to voluntarily complete this form in order to comply with the United States Government Equal Employment Opportunity requirements. Data collected will be used for statistical purposes. The information will be immediately detached from your application and kept confidential.	Name _____
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, vertan status, disability, marital status, or gender identity, or sexual orientation, please contact the City's Equal Opportunity Programs Division at (510) 238-3500.	1. <input type="checkbox"/> Male <input type="checkbox"/> Female      Are you over 40 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OAKLAND RESIDENTS:</b> OAKLAND residents may be given additional credit upon qualifying for selected positions.	2. Choose the one Ethnic Group with which you most closely identify:
<b>APPLICANTS WITH DISABILITIES:</b> The Department of Human Resources Management will make reasonable accommodations in the exam process to accommodate applicants with disabilities. If you have a disability for which you need accommodation, please call (510) 238-3112/TDD (510) 238-3254.	<input type="checkbox"/> a. White - All persons having origins in any of the original people of Europe, North Africa or the Middle East. <input type="checkbox"/> b. Black-All persons having origins in any of the Black racial groups. <input type="checkbox"/> c. Hispanic-All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> d. Asian or Pacific Islander-All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. For example: China, India, Japan, Korea and Samoa. <input type="checkbox"/> e. American Indian or Alaskan native-All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliations or community recognition.
The City of Oakland does not discriminate on the basis of criminal history. Prior criminal conviction is not necessarily a bar to employment; each case will be given individual consideration based on job-relatedness.	3. Oakland Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Are you a veteran or a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Do you have a mental or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No * As defined in the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the California Fair Employment and Housing Act.

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.

**20. 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 _____			
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 _____			
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TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
Hrs. PER Wk.	DUTIES:		
SALARY: \$ _____ PER _____			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

HOW DID YOU LEARN ABOUT THIS EXAMINATION?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bulletin - City of Oakland Bulletin Boards | <input type="checkbox"/> Radio Announcement      | <input type="checkbox"/> City Job Hotline |
| <input type="checkbox"/> City Employee                              | <input type="checkbox"/> Television Announcement | <input type="checkbox"/> City Web Site    |

IF ONE OF THE FOLLOWING, PLEASE SPECIFY:

- |   |  |
|---|--|
| <input type="checkbox"/> Bulletin-Public Office other than City _____ | <input type="checkbox"/> Minority Organization/Group _____ |
| <input type="checkbox"/> Women's Organization/Group _____             | <input type="checkbox"/> Newspaper/Name _____              |
| <input type="checkbox"/> School/Name _____                            | <input type="checkbox"/> Other Internet Site _____         |
| <input type="checkbox"/> Other Community Organizations _____          | <input type="checkbox"/> Other _____                       |