



For Human Resources Department Only

### CITY OF OXNARD EMPLOYMENT APPLICATION

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
 First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_  
 No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Home \_\_\_\_\_ Business or Other \_\_\_\_\_

Email: \_\_\_\_\_  
 e.g. user@myisp.com

Driver's License \_\_\_\_\_  
 DL Number \_\_\_\_\_ DL State \_\_\_\_\_ DL Class \_\_\_\_\_

Are you over 18 years of age?  Yes  No (Employment is subject to verification that you meet any legal age requirements for the job applied for.)

**Have you ever been convicted for a violation of the law excluding minor traffic violations?**  Yes  No

For each offense please list: the violation; the court (including military); the place and date of conviction; the penalty (fine, sentence, date(s) of probation), the name under which convicted and attach in an envelope marked confidential. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Code Sections 11357 (b or c), 11360(b), 11364, 11365, and 11550 as it relates to marijuana. Each case will be given individual consideration.

Failure to list all convictions other than those excluded above will be considered fraud in securing appointment and will be grounds for termination.

Note that conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense.

**Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?**

If "yes", please explain fully on the back of this application.  Yes  No

#### EDUCATION AND TRAINING

Did you graduate from High School or receive a GED?  Yes  No

High School Attended: \_\_\_\_\_ Location of HS/GED: \_\_\_\_\_

List your education/training related to the position including colleges, technical, military schools.

School Name	Location (City & State)	Degree/Certificate	Major
_____	_____	_____	_____
_____	_____	_____	_____

List special skills and currently valid licenses, certificates or registrations relevant to this position:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK EXPERIENCE**

**Begin with your most recent experience.** List work record history and include any other pertinent experience. Failure to list work experience will be considered an incomplete application and subject to rejection. **A resume will not substitute for the information required in this section.** Resumes may be included, but do not write "See Resume" in lieu of completing the application. **NOTE:** Work experience is based on 40 hours per week (prorated if less than 40 hours per week).

MAY WE CONTACT YOUR CURRENT EMPLOYER?     Yes     No

<b>From:</b> (mm/yy) _____ <b>To:</b> (mm/yy) _____ <b>Hours/Week:</b> _____ <b>Supervisor:</b> _____ <b>Mo. Salary:</b> \$ _____ <b>Reason for leaving:</b> _____	<b>Title:</b> _____ <b>Duties:</b> _____ _____ _____	<b>Current or most recent employer:</b> <b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone:</b> _____ <b>Number of employees you supervised:</b> _____
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<b>From:</b> (mm/yy) _____ <b>To:</b> (mm/yy) _____ <b>Hours/Week:</b> _____ <b>Supervisor:</b> _____ <b>Mo. Salary:</b> \$ _____ <b>Reason for leaving:</b> _____	<b>Title:</b> _____ <b>Duties:</b> _____ _____ _____	<b>Current or most recent employer:</b> <b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone:</b> _____ <b>Number of employees you supervised:</b> _____
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<b>From:</b> (mm/yy) _____ <b>To:</b> (mm/yy) _____ <b>Hours/Week:</b> _____ <b>Supervisor:</b> _____ <b>Mo. Salary:</b> \$ _____ <b>Reason for leaving:</b> _____	<b>Title:</b> _____ <b>Duties:</b> _____ _____ _____	<b>Current or most recent employer:</b> <b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone:</b> _____ <b>Number of employees you supervised:</b> _____
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<b>From:</b> (mm/yy) _____ <b>To:</b> (mm/yy) _____ <b>Hours/Week:</b> _____ <b>Supervisor:</b> _____ <b>Mo. Salary:</b> \$ _____ <b>Reason for leaving:</b> _____	<b>Title:</b> _____ <b>Duties:</b> _____ _____ _____	<b>Current or most recent employer:</b> <b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone:</b> _____ <b>Number of employees you supervised:</b> _____
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**ADDITIONAL EXPERIENCE**

Use the space provided to list any additional experience (volunteer, internship). \_\_\_\_\_

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**VETERAN'S PREFERENCE**

Are you claiming Veteran's Preference?  Yes  No If yes, you must provide a DD 214 when requested.

**REFERENCES**

Provide names and addresses of three persons, not relatives, that the City may contact who have knowledge of your job skills, experience and ability. You may use past employers.

Name	Address	Telephone Number	Business or Occupation

Are you related to anyone employed by the City of Oxnard?  Yes  No

If yes, please provide name and relationship: \_\_\_\_\_

**DISABLED APPLICANTS:** The City of Oxnard will make reasonable accommodations in the exam process to accommodate disabled applicants. If you have a disability for which you require an accommodation, please contact us at 805-385-7590 no later than seven (7) calendar days before the test date.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the City of Oxnard. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination by a City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath of office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT QUESTIONNAIRE**

**APPLICANT:** Please complete both parts of this form. This information is voluntary and is gathered in accordance with State and federal laws for the purpose of evaluating the effectiveness of our equal opportunity policy and recruitment efforts. This information will not be used for employment discussions.

Please indicate gender:  Male  Female

Please indicate the racial/ethnic category which you most closely identify with below (please check only one category).

- WHITE** (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central American, South American or other Spanish culture or origin, regardless of race.
- ASIAN/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, Japan, Korea and Samoa.
- AMERICAN INDIAN/ALASKAN 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. Please identify the tribe which you are affiliated with.
- OTHER/BIRACIAL:** Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins.

**DISABILITIES:** (Check all that apply)

- None
- Hearing
- Sight
- Speech
- Other

I first learned of this job opening through (please check one):

**CITY OF OXNARD RELATED**

- Human Resources Dept.
- City Employee
- City Job Bulletin
- City Website
- City Job Hotline
- Direct Mailer
- Job Fair

**NEWSPAPERS**

- Ventura County Star
- Los Angeles Times

**INTERNET**

- CalOpps.org
- Craigslist.org
- GovJobs.com
- HotJobs.com
- Monster.com

**PUBLIC SECTOR PUBLICATIONS**

- Jobs Available
- Western City
- ICMA Newsletter
- City & State

**SPECIALIZED PUBLICATIONS**

- The Recorder
- Daily Journal
- Planners Network
- A.P.A.

**OTHER**

- CA Job Journal
- Other