

BACKGROUND

Background Acknowledgement

Yes No

As part of the employment process, you may be required to undergo a background investigation. You understand that by checking "Yes," you consent to the City of Clayton performing any applicable background investigation relevant to the position. You also understand that any information obtained as part of this process will remain confidential to the extent possible and will not necessarily preclude you from employment.

Pursuant to state law the City of Clayton no longer requests conviction information or (for those who will be driving in connection with assigned duties) proof of safe driving record at the time of application submission.

Only candidates who receive a conditional offer of employment will be required to provide conviction information to Human Resources. Conviction information will still be required with initial application for any position where a criminal background check is required by law

Upon request for conviction information by the City, recipients of a conditional offer of employment will be required to disclose pertinent criminal history. The failure to disclose pertinent misdemeanor or felony convictions will result in denial of employment. Those who receive conditional offers are subject to being fingerprinted to verify criminal history prior to starting employment.

Resignation Discharge/Release

Yes No

Have you ever been rejected during a probationary period, discharged, or forced to resign from any employment within the last twenty (20) years? If YES, give the name of the employer(s), reason you were provided for each release, and dates of employment. If answer is YES, it is not necessarily a bar to employment. Each case is given individual consideration based on the job relatedness and other relevant considerations.

Employer(s): _____ and reason(s): _____

EDUCATION, TRAINING, AND EXPERIENCE

Describe fully any business, trade, or other formal education (verification from the institution may be requested)

Select the Highest Grade Completed	Name of School	Location (City, State)	Graduate
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			<input type="checkbox"/> Yes <input type="checkbox"/> No*
* If "No," do you have a G.E.D., California High School Proficiency Certificate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

College, Business or Trade School Attended	Dates	Degree	Major Subject(s)	No. of Units Completed

Computer Literacy: Check the software you are adept at using or are skilled in:

- | | | |
|-------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Windows | <input type="checkbox"/> Excel | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> MS Word | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> PowerPoint | | |

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess which are relevant to the position applied for. (Attach additional sheets, as necessary).

EMPLOYMENT HISTORY

In the space below, give your complete record of employment during the last fifteen (15) years. Start with your current or most recent position and work back. List your positions in the order you held them. Explain all gaps in employment. If you wish, you may include relative experience more than fifteen years ago by using additional sheets, as necessary. Voluntary non-paid experience will be considered if job related. A resume or other supporting documentation may be attached, but it may **not** be used as a substitute for completing this section. Please do not leave any line blank.

FROM (MO/YR):	TO (MO/YR):	EMPLOYER:	TITLE:
TOTAL LENGTH OF EMPLOYMENT:		ADDRESS:	
HOURS PER WEEK:		DUTIES:	
NAME OF SUPERVISOR AND PHONE NO:			NO. EMPLOYEES SUPERVISED:
REASON FOR LEAVING OR SEEKING A JOB CHANGE:			

FROM (MO/YR):	TO (MO/YR):	EMPLOYER:	TITLE:
TOTAL LENGTH OF EMPLOYMENT:		ADDRESS:	
HOURS PER WEEK:		DUTIES:	
NAME OF SUPERVISOR AND PHONE NO:			NO. EMPLOYEES SUPERVISED:
REASON FOR LEAVING OR SEEKING A JOB CHANGE:			

FROM (MO/YR):	TO (MO/YR):	EMPLOYER:	TITLE:
TOTAL LENGTH OF EMPLOYMENT:		ADDRESS:	
HOURS PER WEEK:		DUTIES:	
NAME OF SUPERVISOR AND PHONE NO:			NO. EMPLOYEES SUPERVISED:
REASON FOR LEAVING OR SEEKING A JOB CHANGE:			

ADDITIONAL RELEVANT INFORMATION: (Attach other sheets, as necessary)

REFERENCES

List three people, **other than relatives and previous employers**, who have knowledge of your competence in the field for which you are applying.

Name	Relationship to Applicant	Address	Telephone Number
1.			
2.			
3.			

Answer this question ONLY if you are applying for a peace officer position applying for is with the Clayton Police Department.

If not, please DISREGARD and move on to the Acknowledgement section.

Have you ever plead guilty or “no contest” to, or been convicted of, a misdemeanor or felony? Yes No

If YES, please give the date(s) and details: _____

Note: Answering “yes” to this question is not an automatic bar to employment. Each case is considered on its own merits. Do not include minor traffic infractions, convictions that have been sealed pursuant to Penal Code section 851.7, or convictions which have been expunged pursuant to Penal Code section 851.8.

ACKNOWLEDGEMENT, AUTHORIZATION AND AGREEMENT

(Important - Please Read Before Signing)

I certify that all statements contained herein or submitted to the City of Clayton as part of this application are true to the best of my knowledge, and I agree and understand that any misstatements or omission of material facts contained herein or in any material submitted as part of the application process (for example, medical reports, certifications, licenses, school transcripts, etc.) regardless of when discovered, may result in the disqualification of my application. If said information is discovered after I have become an employee of the City of Clayton, it may lead to the termination from my position.

I further agree and understand that my application to the City of Clayton is contingent upon my signing a “Waiver and Release of Information,” which will allow the City of Clayton to obtain information about my application and background from sources such as schools, present or former employers, present or former supervisors or co-workers, and other individuals. I further agree to undergo any job related physical examination and drug screening upon receiving a conditional offer of employment. The physical exam and/or drug screening will be paid for by the City of Clayton. If successful completion of a physical exam or drug screening test is not obtained, I understand I will not be eligible for employment with the City of Clayton.

On submittal, this application is the property of the City of Clayton and if hired becomes part of my personnel file.

APPLICANT’S SIGNATURE:

DATE:

The City of Clayton is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, sex, sexual orientation, gender, gender identity, gender expression, national origin, ancestry, age (over 40), disability, medical condition, genetic information, marital status, military or veteran status, or any other legally protected status.